



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

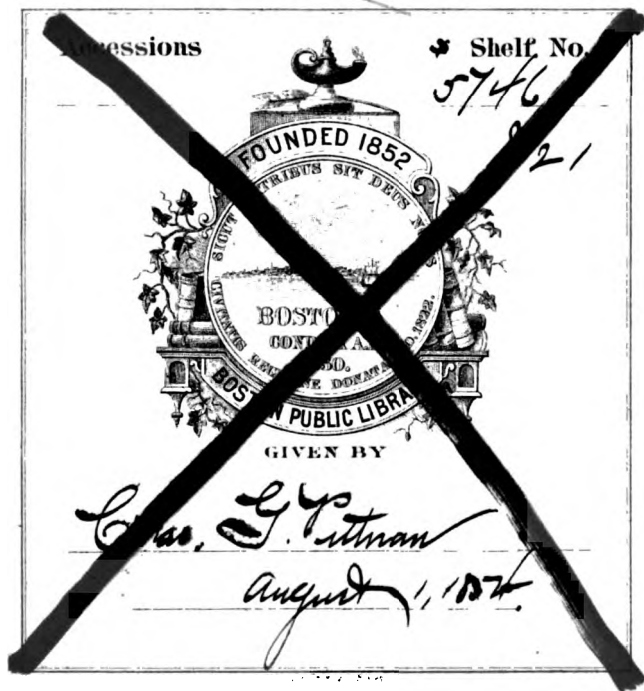
We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>

PROPERTY OF THE
PUBLIC LIBRARY OF THE
CITY OF BOSTON,
DEPOSITED IN THE
BOSTON MEDICAL LIBRARY.



THE FRANCIS A. COUNTWAY LIBRARY OF MEDICINE
HARVARD MEDICAL LIBRARY-BOSTON MEDICAL LIBRARY

11-11-61

TWENTY-SIX WEEKLY NUMBERS.—AUGUST TO FEBRUARY, 1839-40.

THE FRANCIS A. COUNTWAY
LIBRARY OF MEDICINE
BOSTON, MA

THE

5746.1

V.21

NOV 01 2003

BOSTON

Charles C. Johnson

Aug 1, 1854

MEDICAL AND SURGICAL

JOURNAL.

EDITED BY J. V. C. SMITH, M.D.

VOLUME XXI.

Boston:

D. CLAPP, JR. PROPRIETOR AND PUBLISHER.

CORNER OF WASHINGTON AND FRANKLIN STREETS.

1840.

INDEX TO THE TWENTY-FIRST VOLUME.

- ACADEMY of Medicine, Paris, 348**
Abdominal supporter, 212
Agents for the Medical Journal, 19
Albany Medical College and the Thomsons, 64, 67
Alcott, Dr. W. A. on temperance in all things, 267; the natural food of man, 285; temperance and excess, 334, 351
Alexander, Dr. A. on the phrenological faculty of order, 123; on the perception of form, 140
Allen's (Dr. M.) essay on insanity, 260
Allen, Dr. N. H. Physical effects of mental emotions, 42; on ultraism, 270
Almanac, medical, for 1840, 293, 342
American Academy of Arts and Sciences, officers of, 325
Amputation, at the shoulder joint, 98; of the leg, 164, 423
Amputations, flap, 118
Anatomy, general and pathological, work on, 133; and physiology, popular study of, 188
Aneurism spontaneously cured, 226
Antony, Dr. M., death of, 245
Anus, artificial, successfully made, 101, 339
Apoplexy, case of, 409
Army surgeons, 245
Army, U. S. medical department of, 420
Asthma, caused by mental emotions, 42
Atkinson, Dr. B. on spinal irritation, 355
Auscultation and percussion, 262

Bacon, Dr. A. D. Professional slander, 301
Baltimore, University of, 101
Barbee's (Dr. W. J.) work on pathological anatomy, 133
Bark, adulteration of, 326
Barker, Dr. J. on mortality in Wilton, 401
Becks' (Drs. T. R. and J. B.) Medical Jurisprudence, 150
Bedford's (Dr. G. S.) introductory lecture, 212
Belden, Dr. L. W. obituary notice of, 281
Belladonna plaster in nervous palpitations, &c. 69; new application of, 160
Berkshire Medical Institution, 101
Bibliographical antiquities of America, 14
Bladder, irritable, belladonna in, 69
Boardman, Dr. A. on removal of upper jaw, 208
Books, foreign medical, 37
Boston, Medical School of, 52; medical degrees, 85; dispensary, 166; Medical Association, 310; physician to public institutions, 116; bill of mortality, 407, 423
Botany, medical, 66
Bougies, ivory, 135
Boylston prize questions, 18, 21
Brain, inflammation of, 209
Braman, Dr. I. G. Severe injury of the nose, 159
Bronchitis, 363
Brown, Dr. J. B. Operations on club-feet, 153

Caldwell, Dr. of Louisville, 114
Cancer, treatment of, 198
Chadbourne, Dr. T. on uterine polypi, 289
Chapin's (Dr. J. B.) uterine supporter, 150

Chase's (Dr. H.) abdominal supporter, 212; vaginal syringe, 229; suspensory bandage, 402
Chilblains, remedy for, 304
Children, five at a birth, 403
Chronic disease, reflections on, 73
Cincinnati, medical institutions of, 81; College, suspension of medical department, 99
Clough, Dr. J. Influence of mind on physical organization, 410
Club-feet, operations on, by Dr. Brown, 153, 358; treatment of, 225, 310, 368
Coates's (Dr. R.) lectures on organic development, 244
Coggeshall, J. H. on re-vaccination, 324
Combe, Mr. George, 387; his lectures on phrenology, 276
Condiments, drinks for, 35
Conium maculatum in scrofulous ophthalmia, 118, 279
Consumption, pulmonary, lectures on, 58, 363; in the Mediterranean and West Indies, 201
Convention for revision of Pharmacopœia, 69, 198
Convulsive disease of children, 374
Cooke, Dr. of Louisville, 115
Copaiba, syrup of, 214
Corns, treatment of, 126
Crania Americana, 224, 357
Cushman, Dr. S. B. Bite of a lizard, 367

Deaf and dumb, American asylum for, 54
Deafness relieved by injections of water through the eustachian tube, 105
Degrees, medical, at Harvard University, 85; at Yale College, 422
Delirium tremens, treatment without opium, 327
Dental Science, American Journal of, 423
Diet, remedial effects of, 318
Digestion, experiments on, 369, 377, 393
Diluents, drinks for, 34
Dix, Dr. J. H. on relief of deafness, 105
Drake, Dr. of Cincinnati, 96, 210
Drink, fictitious, 11, 34, 46
Dropsy, hydriodate of potass in, 314; ovarian, 326
Duels, medical, 102
Dunclison's (Dr. R.) new remedies, 17, 196; introductory lecture, 356
Durkee, Dr. S. on scrofula, 217, 233, 249
Dwarfs and giants, 149

Ear, pin lodged in, 406
Earle's (Dr. P.) visit to European insane asylums, 309
Empyema, case of, 177
English physicians, ancient, 214
Enteritis, peculiar case of, 418
Ergot, alleged injury by, 327
Eye, hair in posterior chamber of, 118
Eye and ear infirmary in Boston, 263

Fees of physicians, 405
Fever, intermittent, means of shortening the paroxysms, 129; typhoid, of New England, 16; yellow, in New Orleans, 53, 86, 102, 119; in Charleston, 53, 70;

- in Augusta, 86, 119, 215, 295, 373; in Mobile, 86, 102, 119; in Gibraltar in 1828, 134, 165, 227, 294
- Fistula, vesico-vaginal, case of, successfully treated, 25; ventro-vaginal, 342; of the chest, 177**
- Flint, Dr. J. H. on vesicular smallpox, 354, 399**
- Food, natural for man, 285, 319**
- Form, on the perception of, 140**
- Fractures, new treatment of, 198**
- France, population of, 325; prison mortality of, 325**
- Gallup's (Dr. J. A.) Institutes of Medicine, 67, 391**
- Gangrene of the heart, 246; of the lungs, 363**
- Garlic, syrup of, 310**
- Giants and dwarfs, 149**
- Great Britain, mortality and sickness in, 178**
- Gross, Dr. S. D. of Cincinnati, 98; his System of Pathological Anatomy, 85, 262, 340**
- Hæmorrhoids, pitch as a remedy for, 326**
- Hale's (Dr. E.) observations on typhoid fever, 16**
- Hall, Dr. J. F. on inflammation of the brain, 209**
- Hall's (Dr. M.) new work on theory and practice of medicine, 134, 147**
- Hamilton's (Dr. F. H.) introductory lecture, 421**
- Hand, peculiar trembling of, 213**
- Hastings, Lady Flora, case of, 241**
- Hayes, Dr. J. Disease of the urinary organs, 9**
- Haynes, Dr. T. Case of apoplexy, 409; his utero-abdominal supporter, 53, 310**
- Hayward, Dr. G. on vesico-vaginal fistula, 25; medicinal springs of Virginia, 169**
- Heart, experiments on action of, 277, 389**
- Hæmorrhage, fatal, after operation, 118**
- Hernia, omental, from an accident, 182; case of irreducible omental, 41; treatment of, 400**
- Hildreth's (Dr. S. P.) address, 130, 180**
- Hill, Dr. T. P. Congenital malformation, 320**
- Howe, Dr. Z. on the use of tobacco, 62**
- Hun's (Dr. T.) introductory lecture, 373**
- Ice, in cases of poisoned wounds, 266, 303**
- India, medical affairs in, 405**
- Indians, American, diseases of, 131**
- Indigestion, alkaline, 313**
- Infants, Billard's work on diseases of, 198, 211**
- Ingalls, Dr. W. on phrenology, 300**
- Insane, moral treatment of, 213; asylum for in New Hampshire, 230; in Vermont, 262; in Ohio, 358, 382, 406; asylums in Europe, 309**
- Insanity, Dr. Allen's essay on, 260**
- Instruments, surgical, 166**
- Iodine in dropsy, 314**
- Jaw, upper, removal of, 164, 208**
- Jefferson Medical College, 53**
- Jennison, Dr. T. L. on smallpox and vaccination, 341, 386**
- Labor without pain, 273**
- Lee's (Dr. C. A.) Human Physiology, 54, 83, 85, 117**
- Leg, amputation of, 164**
- Library of Practical Medicine, 229**
- Ligature of limbs in intermittent fever, 129**
- Lizard, bite of, 367**
- Louisville Med. School, 114, 117, 210, 299**
- Lowell Dispensary, 391; Medical Association, 68**
- Lungs, gangrene of, 363**
- Macrotyra racemosa, 65, 126**
- Magoun, Dr. C. S. New application of belladonna, 160**
- Malar bone, removal of a portion of, 164**
- Malformation, congenital, 320**
- Maryland Medical Journal, 86**
- Mass. Medical Society, meeting of counsellors, 143; new catalogue, 229**
- May's (Dr. J. F.) introductory lecture, 373**
- Mediterranean, med. observations on, 148**
- Memory, extraordinary power of, 68**
- Menstruation, suppressed, remedy for, 160; effect of on the milk, 176**
- Mental and physical faculties, improvement of, 244**
- Mental emotions, asthma caused by, 42**
- Mettauer, Dr. J. P. on the use of ice in poisoned wounds, 265**
- Mind, influence of on physical organization, 410**
- Miscellany, medical, 19, 54, 70, 86, 102, 118, 166, 182, 198, 215, 230, 247, 263, 278, 294, 311, 327, 343, 373, 391, 407, 423**
- Mixtures, 150**
- Mortality, in Great Britain, 178; in Prussia, 326; in Nantucket, 375; in Wilton, Me. 401; in Boston, 407, 423; in various other places, 423**
- Morton's (Dr. S. G.) Crania Americana, 294, 357**
- Mott, Dr. of New York, 55**
- Needle, extraction of, 212**
- New Hampshire, asylum for the insane, 230**
- New York, City and County Medical Society, 18; College of Physicians and Surgeons, 39; health of, 70; prospects of the profession in, 133; health office of, 422**
- Nose, severe injury of, 159**
- Nursing, effects of during menstruation, 178**
- Œsophagus, foreign body in, 101; stricture of, 162, 259**
- Ohio, diseases of early settlers, 180; lunatic asylum, 358, 382, 406**
- Ophthalmia, acrofulous, treated by conium maculatum, 118, 279**
- Order, the phrenological faculty of, 123**
- Palates, metallic, 167; fissured, M. Roux's treatment of, 213**
- Palmer, Dr. D. Irreducible omental hernia, 41**

- Paris Academy of Medicine, 348
 Pathological Anatomy, Dr. Gross's work on, 85, 262, 340
 Pennsylvania, practice of medicine in, 17
 Persicaria urens, 65
 Pharmacopœia, revision of, 69, 198
 Phimosis, M. Ricord's practice in, 68
 Philadelphia Medical Examiner, 358
 Phrenology, Mr. Combe's lectures on, 276; not opposed to religion, 228, 300
 Phrenological faculty, new, 29, 49
 Phrenological Journal, 245
 Phthisis, Dr. Gerhard's lecture on, 363; Dr. Carswell's lecture, 58; in the Mediterranean and West Indies, 201
 Physiology, Outlines of, 38; Dr. Lee's work on, 64, 83, 85, 117; popular study of, 188
 Pitch, black, in hæmorrhoids, 326
 Pituitary body or gland, 374
 Plague, contagiousness of, 329, 345
 Pneumonia of children, 389
 Pneumothorax, lecture on, with a case, 5
 Poisoned wounds, ice in, 265; treatment of, 303
 Polypi, uterine, cases of, 289
 Pomorey, Dr. C. G. Escape of worms at the navel, 176
 Potass, hydriodate of, in dropsy, 314; formula for, 375
 Powell, Dr. J. N. Case of labor without pain, 273
 Prisons, solitary confinement in, 404
 Prussia, longevity and mortality in, 326
 Quackery in the west, 128
 Quinine in yellow fever, 294
 Rabies communicated through the milk of sleep, 375
 Raciborski, Dr. A. on auscultation, 262
 Rathbone, J. L. Albany Med. College, 64
 Rectum, imperforate, 418
 Refreshment, drinks for, 46
 Roget's Outlines of Physiology, 38
 Remedies, new, 17, 196
 Revaccination in the Prussian army, 145; in Boston, 323
 Royal College of Physicians, London, 18
 Reese's (Dr. M.) introductory lecture, 211
 Saratoga springs, 121
 Scrofula, remarks on, 217, 233, 249, 297
 Senex on factitious drink, &c. 11, 34, 46; on treatment of poisoned bites, &c. 303
 Shattuck's (Dr. G. C. jr.) translation of Louis on yellow fever, 134, 165, 227, 294
 Short, Dr. C. W. Louisville Med. Inst. 210
 Siam, vaccination in, 185
 Slander, professional, 301
 Smallpox, in Connecticut, 38; in Boston, 292, 322, 325, 343, 372, 423; in Boston in 1792, 341; in Chelsea, Eng. 306; in Germany, 338; in Pepperell, 375; in Maine, 134, 144; inoculation in Siam, 185; experiments with, 305; secondary, 374; inoculation, 386; vesicular, 354, 399; during last century, 386
 Smith, Dr. I. obituary notice of, 368
 Smith, Dr. N. on persicaria urens, 65
 Spalding, Dr. P. on chronic disease, 73; hydriodate of potass in dropsy, 314
 Spinal irritation, frequency of, 355
 Spleen, spontaneous rupture of, 134
 Stings, treatment of, 265, 303
 Stith's (Dr. F.) address, 166
 Stricture of the œsophagus, 162, 259
 Subclavian artery, ligature of, 246
 Surgeons, English, 278
 Surgery, American, annals of, 100
 Suspensory bandage, improved, 402
 Tea, Dr. Sigmond on the use of, 205
 Teeth, on the development and structure of, 89, 137
 Temperance, Dr. Alcott on, 267, 334, 351
 Tendons, division of, 69, 311
 Texas, cold plague of, 390
 Ticknor's (Dr. C.) Guide for Mothers, 84
 Tobacco, its influence on longevity, 62
 Transylvania Medical School, 300
 Truss, Dr. Chapin's, 150; Dr. Fletcher's, 165, 391
 Tumor, fibro-cartilaginous, 294
 Ulcers, Sir B. Brodie's remarks on, 361
 Ultraism, 270
 Urinary organs, disease of, 9
 Uterine hæmorrhage arrested by retching, 102; supporter, Dr. Chapin's, 150
 Utero-abdominal supporter, 53, 310
 Uterus, Lisfranc on diseases of, 17
 Vaccination, remarks on, 273, 323; petition respecting, 358; in Chelsea, Eng. 306; in Germany, 338; in Siam, 186
 Vaccine virus, transmission by mail, 69
 Vaginal syringe, 229
 Vapor baths, apparatus for, 342
 Varicocele, radical cure of, 193
 Vermont Academy of Medicine, 212, 373; Asylum for the Insane, 262; Medical College, 375
 Virginia, Red Sulphur Spring of, 116; medicinal springs of, 169, 229; Asylum for the Blind, 278
 Walker on intermarriage, 54
 Warts, treatment of, 126
 Washington, medical lectures at, 85
 Weather, register of at Worcester, 20, 67, 151, 231, 295, 359
 Welch, Dr. A. on Saratoga springs, 121
 West, letters from the, 81, 96, 114, 128
 West Indies, pulmonary diseases in, 201
 Western Medical Journal, 182
 Wheeler, Dr. E. G. on macrotrys racemosa, 65; on treatment of corns, 126; chilblains, 304
 Whitridge, Dr. W. C. Stricture of the œsophagus, 259
 Williams, Dr. S. W. Notice of medical schools, &c. 415
 Willoughby University, 415
 Wine, the use of as a drink, 11, 46
 Worcester District Medical Society, 68
 Worms, escape of at the navel, 175
 Worthington Medical College, 17
 Yale College, Medical Institution of, 422

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, AUGUST 14, 1839.

No. 1.

LECTURE ON PNEUMOTHORAX.

DELIVERED BY A. T. THOMSON, M.D., AT THE UNIVERSITY COLLEGE HOSPITAL, LONDON.

I PROPOSE, in the present lecture, to direct your attention to the case of Sarah Keating, as one full of instruction, not only respecting the disease under which the poor woman labored, but as elucidating some points in pathology of great practical value.

Sarah Keating was admitted into No. 5 ward on the 27th of February. She was a married woman, 29 years of age, of a spare habit, and regular and temperate; her complexion and temperament were sanguine. Her father died of inflammation of the chest; her mother is still alive, and healthy. She stated that about a year since she suffered from pleurisy from which she did not recover for three months; and since that time she has never been wholly free from cough and dyspnoea. Her spirits had been low, and she had suffered greatly from weakness, and was considerably emaciated. When admitted into the hospital the chief symptoms were, difficult respiration, carried on almost entirely by the intercostal muscles of the upper part of the chest; she could not lie down in bed, and generally remained in the sitting posture, in which position her cough and breathing were most easy. If she reclined she did so on the right side, for any attempt to lie down on the left caused a sensation of suffocation. Mr. Taylor, on the introduction of the patient, examined the chest, and found the respiration in the left lung puerile, both anteriorly and posteriorly, that of the right lung absent superiorly and anteriorly—bronchial respiration posteriorly. There was a slight metallic character in the voice, the cough and respiration; no oegophony. Percussion elicited rather a dull sound over the whole of the left lung; there was a slight variation both in the respiration and the percussion, in the erect and the recumbent positions. No increase of volume nor change of form were perceptible on the right side; the heart was normal. The pulse 104, full, and compressible; the tongue was covered with a white fur, and the papillæ were elongated. She complained of a coppery taste in the mouth, and a complete want of appetite. The bowels were confined, and there had been incontinence of urine for a week previous to her admission into the hospital. On examining the patient, I found that Mr. Taylor's account of the physical signs was correct. There was every reason to conclude that fluid, and also air, were contained in the serous sac, but as there were no obvious symptoms which indicated

the existence of phthisis, I could not decidedly pronounce the case to be one of pneumothorax. She was ordered a draught consisting of 12 minims of tincture of digitalis, 1 drachm of sweet spirits of nitre, and an ounce and a half of camphor mixture, to be taken three times a-day, in conjunction with a pill containing 2 grains of pil. hydrargyri, 3 grains of squill pill, 1 grain of ipecacuanha powder, and 3 of extract of henbane. Some relief was experienced from this medicine; the cough was less frequent, and the urine increased in quantity. On the 5th of March the tincture of foxglove was increased to 14 minims for a dose, and continued till the 8th, when she complained of sickness, and pain of the right side. Twelve leeches were ordered to be applied, and instead of the foxglove she took 1 grain of the tartar emetic in an ounce and a half of bitter almond emulsion, three times daily. A blister was also ordered to be applied to the pained side, and the denuded surface to be sprinkled with a grain of hydrochlorate of morphia, and 6 grains of powdered white sugar, night and morning. On examining the chest, metallic tinkling was heard about an inch below the inferior angle of the right scapula. The symptoms continued to abate; the breathing was less embarrassed; the sputa were less tenacious, but slightly rusty, and the pulse was softer, less frequent, and more regular than before; but coughing still caused acute pain of the right side. On the 15th 12 leeches were again applied; and, as she got no sleep, from the severity of the cough, a draught, containing 20 minims of the solution of the bimeconate of morphia was directed to be taken at bed-time, nightly; and it afforded her much comfort.

On the 18th another blister was applied to the thorax; the tartar emetic was discontinued, and a mixture ordered containing 2 drachms of ipecacuanha wine, 1 drachm of the solution of the bimeconate of morphia, and 6 ounces of almond mixture; 2 tablespoonfuls of this were taken every third hour, and the anodyne draught at bed-time. The relief experienced was so considerable that she was able to lie down in bed, and had much less cough than before. This improvement, however, was of short duration; the severity of the cough and the embarrassment of the breathing returned; the night draught did not afford her any relief or rest, and she complained of much tightness of the chest when she attempted to lie down, whilst the countenance assumed a livid aspect. She was ordered to take, every fourth hour, a draught consisting of 4 grains of carbonate of ammonia, and an ounce and a half of decoction of senega, and to continue her anodyne, whilst a long blister was applied to the spine. Little benefit followed this treatment; and the symptoms left little doubt of the fatal issue of the case; all the unfavorable features of which increased in severity until the 23d, when the poor woman died, at noon, completely exhausted. The post-mortem appearances decided the idea that was entertained of pneumothorax. The countenance displayed, in a remarkable degree, the impress of great anxiety and suffering, and considerable lividity. On making an incision through the intercostal spaces on the right side, a fœtid odor was perceived, a circumstance which does not often occur, and which, in this case, was the more remarkable, as the cavity contained

only serum, some coagulable lymph, and air; and it is well known that, in general, the contents of serous cavities do not putrefy. The air in pneumothorax has been analyzed, and found to contain three times more carbonic acid, and one half less oxygen, than common air. On raising the sternum, the right lung was found to be greatly collapsed; and upwards of two pints of serous fluid in which some patches of coagulable lymph floated, occupied about two thirds of a closed sac formed by the pleura, which was thickened and lined with an adventitious membrane. Near the upper surface of the sac an orifice was observed, which communicated with a bronchial tube, and when air was blown into the trachea it readily passed through this orifice into the pleural sac. The right lung contained not more than ten or twelve tubercles, scarcely softened; and the perforation evidently had arisen from the ulceration of one of them which laid close to the surface of the lungs. The lung itself, although almost flattened by the pressure of the air and the serum extraneous to it, was yet still capable of dilatation when air was blown into it. The left lung occupied its usual situation; it was greatly congested, and the mucous membrane of the bronchial tubes was much inflamed; but, like its congener, it contained not more than six distinct tubercles. The weight of the right lung was 17 ounces 14 drachms; that of the left lung 14 ounces.

The heart was not displaced; it weighed 10 ounces and 4 drachms. The endocardium was thickened and opaque, and a considerable quantity of water was contained in the pericardium; the liver weighed 3 pounds 7 ounces; the portal system was congested; the spleen was natural; the kidneys were healthy in structure, but congested; they weighed together 11 ounces 4 drachms.

The diagnosis in this case, notwithstanding the physical signs, was rendered obscure from several circumstances, which the post-mortem examination of the body explained.

In general pneumothorax is accompanied by, or rather is the result of, the ulcerative process in phthisis; and it is only rendered less frequent than it would otherwise be, in such cases, by the adhesions which take place at the upper part of the lungs. In the case before us the adventitious lining of the pleural sac, formed by the previous attack of pleurisy, prevented such an adhesion from occurring; besides, the limited extent of the tubercular disease was inadequate to such an effect. It closely resembled a case mentioned by Andral, in which not more than five or six tubercles existed in the perforated lung. Cases have also occurred in which a single tubercle developed immediately under the pleura caused perforation. Such, indeed, was the cause of the perforation in this case, for although the lung contained ten or twelve tubercles, yet they were distant from one another, and the suppuration of the solitary one formed immediately under the pleura, was the cause of the perforation. The previously diseased condition of the pleural sac rendered the membrane more susceptible of the ulcerative process which extended to it, and, consequently, more easily perforated. As there was scarcely any pus to escape into the pleural sac, the introduction of the air into it set up a new action, and coagulable lymph and serum were effused. The

glairy, tenacious, and nearly colorless character of the sputa ; the absence of all the physical signs which indicate the presence of either tubercles, hepatization, or ulceration of the lungs ; and the decided bronchitic character of the cough, the severity of which was but little abated by the bimeconate of morphia, and the other narcotic, obscured greatly the diagnosis in reference to the suspicion of pneumothorax, which the metallic tinkling indicated. This sign was not so evident as in ordinary cases of the disease ; indeed it required the utmost attention to catch the sound ; and it was only on the day before the fatal termination of the case that it became very apparent. Another peculiarity in the case was the difficulty of reclining on the non-affected side, a circumstance, however, which is accounted for by the large quantity of serum contained in the sac, which brought the decubitus nearer to the character of true emphysema, in which the pressure of the fluid being taken off from the mediastinum, the opposite lung and the heart, when the patient reclines on the affected side, that position is preferred. There was no dilatation of the side in our case, but this is not very uncommon ; neither was there any displacement of the heart, nor any great protrusion of the liver, such as indicates much depression of the diaphragm. Both circumstances may, in part, be accounted for by the non-existence of anything in the fistular opening, which could act so completely in a valvular manner as wholly to prevent the exit of the air in the sac, for it is when this accumulates to a very great degree that the pressure is adequate to cause dilatation of the side. It is undeniable that the metallic tinkling results from the entrance of the air entangled with mucus through the perforation, and that the smaller the fistulous opening the less the tinkling, the minuteness of the orifice in this case accounts for the difficulty of detecting the sound, except in the act of speaking or of coughing.

The last circumstance which also tended to obscure the diagnosis, was the non-recollection of the patient of any moment to which she could ascribe the formation of the pneumothorax, such as is usually recognized by a sudden attack of acute pain and distressing dyspnoea, when the perforation is the result of a phthisical affection. The absence of respiration on the right side, the clear tympanitic sound of the superior part of that side, and the metallic tinkling, were the only indications which threw any light on the character of the disease.

On a review of the facts which I have stated, the case is instructive in showing that pneumothorax may take place when the symptoms of tubercular disease are not evident ; when the patient can only recline on the affected side ; and when no circumstances can be traced to mark the period when the perforation occurred. Succussion was not employed in this case, a circumstance which I regret, as nothing tends more to elucidate the existence of fluid in conjunction with air in the pleural sac, than the splashing sound which results from that mode of examination in suspected pneumothorax. It is scarcely necessary to remark that the prognosis is always necessarily an unfavorable one in pneumothorax. It is not easy to say how long the perforation had existed in this case, but I am inclined to believe that the fatal issue was precipitated by the

severity of the bronchitic inflammation of the left lung. The absence of phthisical symptoms in a great degree, had the bronchitic affection been less severe, or could the depleting measures have been carried so far as to have subdued it, which the strength of the patient would not admit—might have afforded the hope of at least protracting life for some time by paracentesis. At the same time there are too few cases on record in which that operation succeeded in effecting a cure; and in this instance it would be difficult to reason upon the probability of the smallest benefit having resulted from it, whilst the extent of the disease present in the imperforated lung was unsubdued. The chief object of the practice was to relieve the dyspnœa, and to subdue the inflammatory action; at the same time to support the strength. On this account topical was preferred to general bloodletting, and tartar emetic administered instead of the frequent repetition of even the latter. The continued bronchitic inflammation, and the increased severity of the cough, rendered the administration of opiates indispensable in order to secure the repose of the organ, by allaying the irritation which kept up the cough. With this view the solution of the bimeconate of morphia was prescribed, and the effects on the administration of the first dose were most satisfactory. The endermic application of the hydrochlorate of morphia was ultimately less beneficial than I had anticipated from its first effects. The only abatement of the sufferings of the poor patient was from the influence of the bimeconate of morphia, which, in this instance, was most strikingly displayed. One of the pupils who had examined the urine during the life-time of the patient, stated that he found it albuminous—a circumstance at variance with the opinion that this condition of the secretion always depends on some structural derangement of the kidneys.—*London Lancet.*

DISEASE OF THE URINARY ORGANS.

[Communicated for the Boston Medical and Surgical Journal.]

THE case of Mr. M. R., aged 48, came to my notice about nine months ago. Upon inquiry I learned that at the age of 7 years he was attacked with necrosis of the tibia of the left leg, which disease continued three or four years, when by the process of absorption and extraction the old bone was removed, and new bone having formed, the leg became sound. Immediately upon the cessation of the discharge consequent upon his disease, he found himself frequently called upon to pass water; and this was always accompanied and followed for a few minutes by a scalding sensation and acute pain in the glans penis; and was ever under the necessity of rising several times during the night to relieve the bladder. The urine was heavily loaded with mucus from the beginning; otherwise perfectly healthy, as far as known. This state of things continued for 36 years, or until he was 47, with but little change, and without ever having interfered essentially with his occupation, which was that of a farmer, with the exception of being more troubled during

the winter months. He stated that the disease had been prescribed for at different times by various physicians, but never with any benefit.

A few months previous to my learning the above facts, he found himself gradually getting worse; and in addition to the pain in the glans penis, he began to suffer much with pain in the region of the bladder, which at times was exceedingly severe. I made trial of the remedies which usually have some success in chronic affections of the bladder, but with no good results in this case, and then finding it necessary to use narcotics to give some relief to his distress, which had become great, morphia proved, on trial, to suit him best; he was accordingly ordered the following: Morph. sulph., gr. iii.; aqua, ʒi. Of this solution he was allowed to take sufficient quantity to give some relief, which he found to be about ʒi. per day. He continued the use of this solution for about six months, with no other result than to give him some ease from pain. Two months previous to his death he had, while in a recumbent position, constant incontinence of urine. Nothing was ever discovered in the water but mucus, until within the few last weeks of his life, when there was purulent and bloody matter observed occasionally. He was able to walk about the room until the last few days of his life, when he fell into a comatose state, with occasional intervals of wild delirium. He denied ever having had any pain, weakness, or lassitude in the lumbar region. In short, his whole distress was confined exclusively to the region of the bladder and glans penis. There never was any sudden check in the flow of water, as there generally is in cases of stone. He ever stubbornly refused to have any examination whatever, either with the catheter or sound. I have been thus minute in the history of this case, in consequence of what will appear in the post-mortem examination.

Examination, twenty-four hours after death.—*Chest.* Lungs in a healthy state, and no morbid appearances within this cavity. *Abdomen.* Liver apparently healthy, with the exception of a few small tubercles scattered through it. Stomach small, and large intestines exhibited no marks of disease. Left kidney appeared enlarged; but, on examination, it was found to be a mere sac, containing about 12 ounces of purulent fluid, not a vestige of anything like kidney remaining. Right kidney enlarged, or distended with purulent fluid to about the same amount as the other, with about one third that was comparatively healthy. The pelvis of this kidney was enlarged to the capacity of three or four fluid ounces. Both ureters were so enlarged as to be from three fourths of an inch to an inch in diameter, their whole length. At the lower extremity of the left ureter, was found a calculus 1 1-4 inch in length, oval in shape, weighing 1 ounce. Bladder was found so adherent to the surrounding parts that it was with difficulty removed entire. On opening it, there was found imbedded in the posterior part a calculus 6½ inches in circumference, nearly round in shape, weighing four ounces. The bladder was very irregular in thickness, there being nothing but a thin membrane in the situation of the stone, and other parts varying from one fourth to three fourths of an inch. The inner surface was entirely granulated, and had the appearance of an ulcerated cavity. This organ

was so thickened that its capacity, including the calculus, could not be more than 1 or 2 ounces, and the walls had in texture a scirrhus appearance. The prostate gland was much enlarged and scirrhus.

These calculi are white, and have a crystalline appearance, being probably of the species formed by a combination of phosphoric acid with magnesia and ammonia, or the fusible calculus, so called.

I have stated the facts as briefly as possible, and leave them for every one to make their own reflections.

JACOB HAYES.

Eliot, Me., August 1, 1839.

FACTITIOUS DRINK.—NO. I.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have lately seen, in a newspaper, a list of about eighty physicians and surgeons in England, comprehending the names of many whose reputation has reached this country, who are said to have expressed the opinion, not only that alcohol, but that every kind of fermented liquor, is useless and injurious as a drink, to persons in health. The same idea is also, it seems, countenanced by several medical bodies in this country.

Upon the subject of ardent spirit, that has been obtained by distillation, I believe, there is very little or no dispute at present. It is very generally agreed, that its common use, as a drink, in its injurious effects, so far surpasses its occasional benefit, that it is best to banish it entirely, as a beverage, and restrict its employment to the arts, or as an article of the materia medica.

The use of alcohol, by which I mean distilled spirit, is a practice of only modern times, and it has never been much employed as a constant drink, till very recently, in the memory of persons still living. It is well known, therefore, that it can be easily dispensed with, and that, even if it were not particularly injurious, it is at least unnecessary.

But the case is very different with fermented liquor. It has been a part of the beverage of most, if not all, civilized nations, from the remotest antiquity, and has been so blended with their habits and manner of living, that among many people it has been considered to be nearly as much a necessary of life as salt, sugar and aromatics. With the exception of the ancient Nazarites, and a few other ascetics, it has been a favorite drink of all classes of people. Its employment was countenanced by the patriarchs, prophets, and apostles; and it had the sanction of the example of our Saviour. No regulation, custom, habit, or practice, has more remote prescription, or higher authority, in its favor. It appears to be as ancient as the use of animal food, or the domestication of the brute creation, or of any other practice in civilized society.

It is true that Mahommed, in this as well as in many other particulars, affected to be wiser than the Gospel, and prohibited wine. But it is believed that this injunction did not extend to other products of fermentation. However this may be, we have evidence, notwithstanding the

legal prohibition, that at times, wine has been in considerable use among the Mahometans, so that they are not an exception to its employment.

Now, a practice, that comes to us sanctioned by all this array of authority and example, upon which has been supposed to depend a very considerable portion of the comfort and convenience of civilized life, ought to be thoroughly examined, and be most coolly and candidly discussed, before it is denounced as being on the whole more injurious than serviceable to mankind. Surely, more argument and proof are needed, than the popular resolutions of voluntary associations, or the vehement declamation of itinerant lecturers. Nor should medical bodies catch the enthusiasm, and suffer themselves to be hurried away to carry the question by acclamation, without previous close experiment and accurate observation.

Innovators and recent converts are always apt to be zealous ; whereas those who adhere to ancient and established practice, are usually calm, and even careless in the defence of their rights and privileges. They do not, unless in self defence, and then generally feebly and tardily, form associations, and send out agents, in opposition to what they consider to be erroneous and visionary. Where are the itinerant lecturers, going from town to town, county to county, and State to State, declaiming against homœopathy, phrenology, or animal magnetism ? or against Grahamism, Alcottism, Thomsonism, total abstinence from fermented liquors, or any kind of quackery or delusion ? Who thinks it necessary, by a course of popular instruction, to defend the use of animal food, tea, coffee, wine, cider, small beer, or wheat bread ? Who supposes it requisite to form societies to defend the use of wine in the eucharist or at marriages, or the creation of animal food, in the miracles of the loaves and fishes ? Who takes pains to undeceive the public, with respect to the abuse of language, in calling abstinence, by the wrong name, temperance ?

There are so many contingent evils attending every thing good in this world, that nothing is easier than to point out abuses and errors. If we attempt, therefore, to avoid everything that may possibly be converted into evil, we must renounce almost all that is good. Isolated savages are exempt from the evils of civilized society and a dense population. The savage is all face, and, therefore, he needs very little clothing. He lives without salt, sugar, spices, and perhaps bread, and therefore these are useless to him, and not necessities of life. No one thing is the cause of so much evil, as money or property. It is the occasion of almost all the violence, wars, slavery, oppression, and usurpation, in the world ; and yet without it, civilized society cannot exist. The evils incident to any system of religion, law or liberty, are almost innumerable.

But, where evils are capable of being removed, much caution is ever necessary, on account of the difficulties which are inseparable from all great and sudden revolutions. Jack, in his zeal for removing the superfluous lace, was in great danger of tearing his coat. Provided it was brought to a demonstration, in a general point of view, that all artificial beverages are injurious, this is no argument that it would be best for elderly men suddenly to renounce a habit, which has become a second nature.

Much is said about nature, and there is much plausible delusion in attempting to compare the nature of man to that of brute animals. Brutes need no other drink than water. Wine is no more fit for a horse, than it would be proper to dress him in silk stockings, or to furnish his stable like a parlor. The fact is, the most striking feature in the nature of man, is his necessity to avail himself of art. He employs more or less art in everything which he makes, does or uses. Agriculture, horticulture, manufactures, tools, cookery, manners, customs, literature and science, in this sense, are all the result of art. It is difficult to mention a comfort, convenience, or necessary of life, that does not require the modification of art before it is fit for the use of man. Even light and air are constantly modified in their effects by art. All civilized people, likewise, modify water, in some way or other, for a principal part of their drink. One prominent reason for it is, that pure water, immediately from the fountain, is very difficult to be obtained by a great body of mankind, and in many of the circumstances of life, it is absolutely impossible. There are many situations in which good water is much more difficult to be procured than good wine.

As much as drink is used, I apprehend, the design with which it is most frequently employed, by the temperate, is very little thought of, and but imperfectly understood. We must first determine what purpose we use drink for, before we can ascertain what kind of drink is most applicable to the particular purpose. This communication is only intended as an introduction to one or more essays, which I purpose to write, upon *the design and use of artificial drink*. In all that has of late years been written upon temperance, that I have seen, I find very little that treats upon the purpose for which drink is usually taken, when it is considered as most indispensable, by people in general.

In this day of agitation, when the most important questions are often carried by the excitement of passion, it is very difficult to interest the public in a calm discussion, or cool philosophical examination, of any topic of high interest. Anything like moderation appears to be tame and flat, and to those who have a heated imagination, an address to the understanding is useless. They listen so inattentively, that they do not understand their opponents. This is certainly the most charitable construction of the many misstatements which the ultra-abstinence party are perpetually making of the views of those advocates of temperance, who reject alcohol as a drink, but do not go the length to renounce all fermented and many other artificial liquors.

I mean what I say, no more, and no less. The daily use of alcohol is an innovation of comparatively modern times. Like many other innovations, instead of being an improvement, it has brought with it an hundred fold more evil than any slight inconvenience which it was designed to obviate. The products of fermentation are in a very different predicament. They have had the sanction of nearly all the wise and good, from the remotest antiquity, and have been considered as among the necessities of life, by nearly all civilized people. True, like every other good, and every other blessing, in this variable and imperfect world, they are attended with incidental evils, and are liable to abuse. It is a contingency of most things, that the better they are in themselves,

the more liable are they to be abused, and wrongfully applied. The simple article of matches, which are among the greatest conveniences that we have in modern times, enables the incendiary to scatter fire-brands, arrows and death, often with impunity. The steam engine destroys hundreds or thousands of lives every year. The evils attending the licentiousness of a free press are almost beyond bounds. But, taking the world at large, the benefits resulting from these, and many other things of the kind that might be stated, far outweigh their incidental disadvantages. In my view, the same is the fact with fermented liquors, and many other kinds of artificial drink. SENEX.

August 7, 1839.

BIBLIOGRAPHICAL ANTIQUITIES OF AMERICA.

[A MEDICAL friend, in a neighboring city, writes us that he possesses the following rare productions of the olden time.]

"A practical essay concerning the smallpox, by William Douglass, M.D. 'Homo est errante comiter qui monstrab viam.' Boston: printed for D. Henchman, over against the old brick meeting house in Cornhill, and T. Hancock, at the sign of the Bible and three Crowns, in Ann street. 1730." It is dedicated to Dr. Alex. Stuart, physician to her majesty, and in the dedication he speaks of "a certain anomalous, ill-conditioned autumnal fever, which sometimes galls us much. In the year 1721, after an absence of about twenty years, the smallpox rendered this large and populous town of Boston, in New England, a mere hospital." He also alludes to a severe visitation of measles, which had lately prevailed after an absence of fifteen years. This book has 38 pages, 12mo.

I have, too, "An Essay on Fevers, the Rattles and Canker, by John Walton, B.A., and practitioner in physick. 'Pondere, mensura et numero Deus omnia fecit.' Boston: printed by T. Fleet, at the Heart and Crown, in Cornhill, and sold by T. Hancock, at the Bible and three Crowns, in Ann street. 1732." He says, "This land has but few learned physicians, and is much imposed on by a rude company of empirical quacks, who know little or nothing of the reason of their practice." He speaks of having been too much imposed upon by Culpepper, Salmon, &c. The concluding sentence of this book is so quaint, that I transcribe it for you. He says, "I shall not enumerate a multitude of medicines, all practical authors abound with them, though but few have found the right method of administering them, but have often misapplied the best medicines as well as the sharpest lancets, and thereby have much discredited many things which in themselves are very good. I shall conclude with advising all that would practice physick, to take care that they be well instructed in natural philosophy, and that they understand the reason of their practice, so that their conscience may bear them witness that they are *clear from the blood of all men*, and that their practice is safe and has a tendency to promote health, and not taken up with the mean views of gaining estates, at the awful

risk of the loss of the dear lives of their patients. And let not people think that because a quack or unlearned empyrick may accidentally do some cures, that therefore their lives may be trusted in their hands, for *one swallow does not make spring*, and they are likely to miss twice where they hit once, and have no judgment to apply good medicines when they have them." This treatise is comprised in 16 12mo pages.

I have, also, "The method of practice in the smallpox, with observations on the way of inoculation, taken from a manuscript of the late Dr. Nathaniel Williams, of Boston, in N. E. Published for the common advantage, more especially of the country towns, who may be visited with that distemper. Boston: printed and sold by S. Kneeland, in Queen st., opposite the prison. 1752." The preface to this pamphlet is written by Thomas Prince, who remarks, "For the sake of those who live at a distance, and know not the author of the following tracts, I would observe, that he had his education at Harvard College, and studied chymistry and physick under his uncle, the learned Dr. James Oliver, of Cambridge, one of the most esteemed physicians in his day; who had a singular help in the art of chymistry by the ingenious Dr. Lodowick, a German, who was also accounted an excellent physician, and the most skilful chymist that ever came into these parts of America. And Dr. Williams lived and practised in Boston, with great success and reputation, for near thirty-seven years, to the time of his death, which was on Jan. 10, 1737-8, in the 63d year of his age." This is a pamphlet of 16 pages, four of which are devoted to the subject of inoculation, which was practised by him in 1730, and with success. "The most of my patients were very favorably dealt with, more than 50 out of 65 were sitting up and walking about the room soon after the eruption was well made. But one died that I inoculated; which was a child 8 weeks old."

There is a deal of curious matter in these tracts. Douglass states, "Next to a specifick cure, would be a method to alleviate the crisis, as to the quantity and deleterious nature of the inflammations and suppurations. The Circassian method of procuring the smallpox by variolous pus applied externally to fresh cutaneous incisions, lately introduced in Great Britain and New England, seems to bid the fairest for this,* but it is not an absolute certain remedy against a bad sort. Much of the same nature is what Dr. Williams, of Haverfordwest, says has been an immemorial custom in some parts of Wales, called buying of the smallpox. The person procures a few fresh pocky scabs, and holds them in the hollow of the hand a considerable time; about 10 or 12 days thereafter the person sickens, &c. An old midwife, Jane Jones, aged 70, told him that she knew it practised at times above 50 years, and knew but one dying of the distemper so communicated." "In 1713, the measles raged in Boston in the winter, and about 150 died. In 1729, it prevailed in the summer, and there died only about 15."

"In 1721, 5989 were ill of the smallpox in Boston, of whom 844 died."

* This certainly does not look like "violent opposition to the practice of inoculation." See N. Y. Med. Journal, p. 4.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 14, 1839.

THE COMMENCEMENT OF A NEW VOLUME.

AGAIN we return our warmest thanks to the medical profession throughout the United States, for the encouragement they have so long and so generously extended towards the Boston Medical and Surgical Journal. To-day we commence Vol. XXI., which is one of the best evidences of the stability of this publication. We shall continue our exertions to make the Journal useful to its readers, and earnestly hope for a continuance of those favors from the friends of science, which have been meted out with a kind and unsparing hand since the first day of its publication.

TYPHOID FEVER OF NEW ENGLAND.*

NOTWITHSTANDING the multitude of books which have been written upon fever, we apprehend there are really few physicians who are capable of writing understandingly and profitably on this interesting topic. Fevers are indeed swift messengers of death—and to arrest their progress, and raise the patient from the lowest condition when the vital energies are just exhausted, requires an intimate acquaintance with the whole machinery of our physical organization.

The essay before us was delivered by Dr. Hale, at the late annual meeting of the Massachusetts Medical Society. It was a happy thought in the author to select this subject, as he is probably more conversant, or at least, as much so, with every thing pertaining to typhus, as any practitioner of his years in this vicinity. It will be recollected that in the character of physician to the Massachusetts General Hospital, his opportunities are of the first order for testing the theories of others, or establishing opinions of his own.

It has been one of the great faults of many of those who have distinguished themselves in this particular department, that they have been so tenacious of establishing certain principles as rules of practice, that they have outlived any reputation which they may have derived from the publicity of their doctrines. In the examination of this discourse, we feel that Dr. Hale has wisely kept clear of shoals and rocks; he has neither committed himself, nor misused any one else—and yet the whole essay, from beginning to end, is full of instruction. Though the matter is not all new, the facts are not all old. The notes to the address show that a most conscientious devotion to the duties of the profession in which Dr. Hale is engaged, prompts to unremitting labor in acquiring a knowledge of fevers from every available source. Those who are pressed for time in the endless cares and distraction of business, will doubtless be very glad to find that there is one physician of experience in the world, who says that, "the rule so much insisted on by Louis, can rarely be carried into effect."

* Observations on the Typhoid Fever of New England. Read at the Annual Meeting of the Massachusetts Medical Society, May 23, 1839, by Enoch Hale, M.D., Attending Physician to the Massachusetts General Hospital. 8vo., pp. 77. Boston: Whipple & Damrell. 1839.

It is possible that some of our cotemporaries may find parts of this dissertation, for such it is, to criticize—for the sake of doing something. If they are honest, it is quite certain that they will at least commend the patience and discrimination of one who, in addition to attainments acquired at the bed-side, shows a most thorough familiarity with every body, both at home and abroad, who has written on typhoid fever.

Nothing would be more gratifying than to receive, from some of our clinical neighbors, a full analysis of this production, which, doubtless, would be equally satisfactory to a wide circle of readers.

Dunglison's New Remedies.—Perhaps we owe an apology to the profession for not having sooner directed the attention of those who do not take the American Medical Library, to the laborious undertaking of Dr. Dunglison, in preparing a catalogue of new remedies. Those who have not seen a specimen of the work, can form no just conception of the arduous task in which he is engaged. For example, the article *creosoton* commences with its synonyms—as *crosofum*; *kreosoton*; *kreosotum*; *creasoton*; *creasote*; *kreosote*; *kreasote*, &c. A history of the discovery follows; next, the mode of preparing it, its effects on the economy in health, embracing all that can be gathered from the best authorities extant, together with the mode of administering it. Whether this great and valuable mass of newly collected, or rather newly systematized, concentrated matter, of incalculable value to us all, is to be confined to this work, or by-and-by is to assume the distinct form of a volume, remains to be ascertained.

Practice of Medicine in Pennsylvania.—There being no State Medical Society in the Commonwealth, and no particular encouragement given by law for the protection of an educated faculty, quacks of all sorts sail on a summer sea, regardless of those statutes made, provided, &c., in other States. Pretty much the same condition of things exists in Ohio and Tennessee. In these, much to the praise of the profession, they have organized conventions for self defence, which are doing wonders in the collection of statistical facts. Philadelphia may boast of a body of learned physicians and surgeons, whose fame extends over the civilized world—and hence it is the more surprising that some effort has not been made to embody all the practitioners of the State in one society.

Worthington College—(*Reformed Medical Department*).—There has always been a mystery hanging over this college. What was its original condition, that it needed to be reformed? The board of faculty is apparently well filled—the professors are all M.D.'s, and they apparently teach just what others do, at about the same price. Now if they will have the kindness to raise the veil just far enough for us to look in, we shall be ready to acknowledge the obligation. It is located at Worthington, Ohio. That State seems truly prolific in medical schools—although it is openly asserted that they are singularly at loggerheads amongst themselves. Possibly, this reforming process has something to do in settling up old feuds.

Diseases of the Uterus.—Remarks from those eminently qualified to judge of the merits of the translation of Lisfranc, by Dr. Lodge, confirm

us in the statement made a few weeks since, that it should be in the library of every practitioner. Should it go to a new edition, a few plates would add greatly to the value of the text. We suggest this for Dr. Lodge's consideration.

Medical Society of the City and County of New York.—At an adjourned Anniversary Meeting of the Society, held July 22d, 1839, on motion of Dr. Wright, it was resolved,

"That a committee of five be appointed with full powers to take such steps as may be deemed necessary, to have the laws of this State, regulating medical practice, duly enforced."

On motion of Dr. Hasbrouck, it was resolved,

"That this resolution, together with the names of the committee and the portion of the laws of this State, which follows, be published for one week in the public papers."

Committee—Drs. J. Wright, Blois, Power, Buel and Upton.

ACT to amend Title Seventh, Chapter Fourteenth, of the first part of the Revised Statutes, and for other purposes. Passed May 26th, 1838.

"No person coming from another State or country, shall practise physic or surgery in this State, until he have been examined and licensed by the Censors of the State Medical Society."

Surely, our New York brethren have undertaken a Herculean labor. If the irregular practitioners of their city, whose name is legion, are brought under the pains and penalties of the law, the Augean stable will have many empty stalls.

Royal College of Physicians, London.—This ancient institution was founded in 1522, by a charter from King Henry VIII. Each fellow pays, on admission, £95 4s. Licentiates pay £56 17s. Extra licentiates pay £17 9s. The stated income of the College is £4116; the expenditure, £4822. In 11 years, from 1823 to 1833, one hundred and thirty-three licentiates were examined, and only seven rejected, which was at the rate of 1 in 19. Twelve lectures only are given annually at the theatre of the College, Pall Mall, on Wednesdays and Fridays, at 4 o'clock, P. M., commencing in the month of May. The three first are called *Gulstonian*; the three next, *Croonian*; the next three, the *Lumbeian*; and the three last, on *Materia Medica*. On the last Monday of each month, from January to June, a meeting is held, at 9 o'clock in the evening, for reading medical papers. June 25th, annually, at 4 o'clock in the afternoon, the Harveian oration is delivered. Sir Henry Hallford is president. Out of a list of several hundred associates, there is not the name of a medical gentleman of the United States, and only one in British America, and he resides at Quebec.

Boylston Prize Questions.—Edward Warren, M.D., whose name is familiar to the readers of this Journal, as a talented contributor, has taken both premiums offered for the present year, by the Boylston Prize Committee. The first was for a dissertation on "*the Pathology and Treatment of Rheumatism*;" the second, for one on "*Scrofula*." We hope to see both in the form of a book, for the library, forthwith. Dr. W. was a successful competitor for one of the prizes last year.

Medical Miscellany.—It is understood that Drs. John Watson, and J. A. Swett are the editors of the New York Journal of Medicine and Surgery—which does them credit thus far.—A correspondent, who is fully competent to judge, says that “the appointment of Dr. Bedford to the Albany Medical College, was a great hit; he is by far the best lecturer on obstetrics I ever heard.”—Dr. Payne’s Commentaries is now printing in New York, and will be a valuable acquisition to the medical literature of this country.—Dr. Caleb Ticknor, of New York, the philosophical physician, whose writings have been received with eclat in Europe, has a new work in press on the management of children.—Dr. Stewart’s translation of Billard on the Diseases of Children, is represented to have been well executed—and his own notes, which are quite as good as anything in Billard, will form an essential part of the work. It will probably be on sale some time in September.—The Manual of General Anatomy, by Meckel, translated from the French, with notes, by Dr. S. A. Doane, has been re-published in London, together with his translation of Meckel’s Descriptive Anatomy.—Dr. Ticknor’s Exposition of Quackery and Impostures in Medicine, has also been re-published by the London booksellers—which is an evidence of their sound discrimination.—Dr. Perrine, for many years American Consul at Campeachy, who, by dint of unwearied exertion, procured from Government a grant of six square miles at Indian Key, in tropical Florida, is pursuing his interesting experiments on the growth of fibrous plants, such as the Sisal hemp, cotton, the mulberry, &c., beside the tropical fruits.—A species of rheumatism is mentioned in the London Lancet, having its origin in the excessive use of copaiba, and therefore called copaibal rheumatism. The writer, Dr. Maddock, thinks this remedy, though useful in some cases, a most pernicious excitant to persons of a scrofulous constitution, and very liable to produce rheumatism in those at all predisposed to it.—A New York paper states that there are 479 legal practitioners of medicine in that city.—Five inquests were held in one fortnight, in March, in the Western Division of Middlesex, Eng., on the bodies of infants which had been abandoned immediately after birth.

TO CORRESPONDENTS.—A communication, post-marked at South Venice, N. Y., and signed *A Medical Student*, is inadmissible, simply because it is anonymous, so far as it regards the description of the writer’s disease. Under no consideration, however, should we allow the names of Drs. Spencer and Rodgers, of the Geneva Medical Institution, or gentlemen of professional standing anywhere, to be held up to censure by a *student of medicine*, till we are first perfectly satisfied that he has outstripped them in knowledge.—A copy of Roget’s Physiology, from the publishers, and the communications of Drs. Allen and Spalding, have been received.

List of Agents for the Boston Medical and Surgical Journal.—Mr. E. F. Duren, bookseller, Bangor, Maine; Luke Howe, Esq. P. M. Jaffrey, N. H.; Israel Hinckley, Esq. P. M. Topsham, Vt.; Mr. Joseph Balch, jr., Providence, R. I.; Charles Hooker, M.D. New Haven, Ct.; T. O. H. Crowwel, Esq. P. M. Catskill, N. Y.; Mr. W. C. Little, bookseller, Albany, N. Y.; Mr. Charles S. Francis, bookseller, Broadway, New York city; Mr. Thomas R. Hampton, Washington, D. C.; William A. Gillespie, M.D. Ellisville, Louisa County, Va.; Mr. L. Dwelle, Augusta, Ga.; S. Mayfield, M.D. Franklin, Tenn.; Mr. Isaac N. Whiting, bookseller, Columbus, Ohio; J. R. Bowers, Esq. P. M. York, Washtenaw Co. Mich.; Mess. Hedge & Lyman, Montreal, L. C.; Mr. Joseph Tardif, Quebec, L. C.; L. E. Van Buskirk, M.D. Halifax, Nova Scotia.

➔ A Supplement, containing four pages of advertisements, accompanies this No. of the Journal. As indicated by the paging, it is intended to be bound up between Nos. 1 and 2, and therefore should be preserved. The title page and index of Vol. XX. will be sent in the next No.

ERRATA.—In No. 25, Vol. XX., page 396, line 6th from bottom, for 6 read 36; line 4th, for *Piscataquay* read *Piscataquog*.

Whole number of deaths in Boston for the week ending August 10, 39. Males, 17—females, 22.

Of consumption, 2—inflammation of the bowels, 2—cholera infantum, 3—drowned, 1—glandular tumor, 1—infantile, 3—inflammation of the brain, 1—delirium tremens, 1—nervous fever, 1—paralytic, 1—inflammation of the stomach, 1—bowel complaint, 2—intemperance, 2—dysentery, 3—debility, 1—putrid fever, 1—lung fever, 4—scarlet fever, 1—croup, 1—typhous fever, 1—casualty, 1—hooping cough, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1839. July.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	5 A.M.	9 P.M.	Mean.	5 A.M.	9 P.M.	Mean.			H.	L.	
1 Mon.	52 80	71	29.58	29.62	29.62	S W	Clear	52 79			
2 Tues.	62 80	75	29.60	29.54	29.47	S W	Clear	61 80			
3 Wed.	69 74	73	29.24	29.23	29.28	N W	Clear	64 83			Growing season.
4 Thurs.	64 80	73	29.28	29.32	29.37	S W	Clear	65 81			
5 Frid.	58 75	64	29.40	29.45	29.43	N E	Clear	56 75			Thunder shower this afternoon.
6 Satur.	61 63	62	29.41	29.38	29.38	N W	Clear	59 72			Dense fog. Thunder storm.
7 Sun.	59 65	65	29.36	29.38	29.39	S E	Showery	59 75			Morning foggy. Showery.
8 Mon.	56 77	66	29.39	29.38	29.34	S	Clear	57 80			Thunder storm.
9 Tues.	66 79	68	29.31	29.32	29.30	N	Cloudy	60 78			Showers.
10 Wed.	62 83	77	29.26	29.26	29.22	S	Clear	60 83			Showers.
11 Thurs.	69 78	72	29.16	29.16	29.12	S	Cloudy	64 79			Thunder storm in the morning.
12 Frid.	63 76	65	29.08	29.10	29.12	S	Cloudy	60 81			Dense fog. Hail storm. Showers.
13 Satur.	58 75	68	29.18	29.26	29.30	S	Clear	57 78			Showers.
14 Sun.	59 66	65	29.29	29.30	29.23	S W	Rain	57 77			Showers.
15 Mon.	63 72	68	29.12	29.17	29.18	S E	Rain	59 78			Showers.
16 Tues.	59 78	70	29.22	29.36	29.43	S W	Clear	59 77			Showers.
17 Wed.	60 79	74	29.42	29.61	29.60	N W	Clear	59 80			
18 Thurs.	60 80	76	29.61	29.65	29.65	S W	Clear	58 82			} Fine weather for haying and [harvesting.]
19 Frid.	65 85	80	29.61	29.65	29.64	S W	Clear	64 84			
20 Satur.	69 84	78	29.58	29.54	29.51	S W	Clear	65 88			Showers.
21 Sun.	69 80	70	29.45	29.42	29.38	S	Clear	69 82			Showers.
22 Mon.	69 82	70	29.35	29.36	29.35	S E	Clear	67 82			Showers.
23 Tues.	68 80	75	29.33	29.36	29.39	N W	Clear	67 82			
24 Wed.	65 78	72	29.44	29.46	29.40	S W	Clear	62 80			
25 Thurs.	68 75	74	29.35	29.30	29.27	N E	Cloudy	64 80			
26 Frid.	69 82	78	29.20	29.22	29.25	N W	Clear	68 84			
27 Satur.	67 80	74	29.30	29.37	29.37	N W	Clear	63 80			
28 Sun.	60 77	77	29.38	29.41	29.39	S W	Clear	57 85			
29 Mon.	68 82	76	29.35	29.39	29.40	S W	Clear	65 83			
30 Tues.	67 82	78	29.39	29.42	29.43	S W	Clear	66 85			
31 Wed.	68 78	72	29.40	29.28	29.20	S E	Showery	65 83			

The month of July has been one of unusual moisture. The barometer has risen but a few times to 29.60, and twice only to 29.65; and has not once fallen below 29.00. The month has been showery and warm, making a fine growing season. The thermometer has once risen to 86°, and once fallen to 52°.

COLUMBIAN COLLEGE, D. C.—MEDICAL DEPARTMENT.

THE Lectures in this Institution will commence on the first Monday in November, and continue until the first of March. During the season full courses will be given in the various branches of medicine, by

THOMAS SEWALL, M.D., Professor of the Principles of Pathology and the Practice of Medicine.

THOMAS P. JONES, M.D., Professor of Chemistry and Pharmacy.

HARVEY LINDELY, M.D., Professor of Obstetrics and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of the Principles and Practice of Surgery.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

JOHN FRIDERICK MAY, M.D., Professor of Anatomy and Physiology (late Professor of Surgery in the University of Maryland).

J. F. MAY, M.D., Dean of the Faculty.

Washington City, Aug. 4th, 1839.

Aug 14—31

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, AUGUST 21, 1839.

No. 2.

CASE OF VESICO-VAGINAL FISTULA, SUCCESSFULLY TREATED BY AN OPERATION.

BY GEORGE HAYWARD, M.D., ONE OF THE SURGEONS TO THE MASSACHUSETTS
GENERAL HOSPITAL.

A PRETERNATURAL opening between the bladder and vagina, known by the name of vesico-vaginal fistula, is one of the most distressing accidents to which females are liable. Its most common cause is protracted labor, in which the head of the child has been allowed to press for a great length of time on the bladder, when that organ is distended with urine. Gangrenous inflammation is in this way produced; a slough forms, which separates in a few days after delivery, and through the opening thus made, the urine is destined to pass, in most of these cases, during the residue of the patient's miserable existence.

Though this is, without doubt, by far the most common cause of vesico-vaginal fistula, it may occasionally be produced in other ways. It may be the result of a careless use of instruments in the delivery of the child; as when the bladder has been torn by a crotchet; or it may arise from an abscess, a stone in the bladder, or a disease of that organ.

Whatever may be the cause of the fistula, the consequence is in the majority of cases of the most afflictive kind, not only because all the urine passes through this new opening, but because the patient has no power of retaining it; she is rendered miserable by the excoriation and soreness that are thus produced, and loathsome to herself by the fetor of the urine. So wretched is the condition of patients of this class, that the language which Dieffenbach applies to them, can hardly be thought to be exaggerated. "Such unhappy beings," he says, "are forced to exclude themselves from society; the very atmosphere surrounding them is polluted by their presence, and even their children shun them; thus rendered miserable, both morally and physically, they yield themselves a prey to apathy; or a pious resignation alone saves them from self-destruction."

The degree of suffering, however, is not the same in all cases; the difference arises from the part of the bladder in which the fistulous opening is situated. When it is high up the patient has some power of retention, but even then the urine escapes through the opening, when any considerable quantity accumulates in the bladder. But if the fistula is lower down, at the place where it is usually found, about an inch to an inch and a half from the opening of the urethra, the retentive

power is almost if not altogether lost, the urine flowing off as fast as it is deposited by the ureters.

So great have been the inconvenience and suffering to which patients of this class have been subjected, that the attention of surgeons has long been directed to this formidable trouble, but it is not till within the last twenty years that any operation for its radical cure has been successfully performed. It is only ten years since, that Mr. Henry Earl remarked, "It must be confessed, that under the most favorable circumstances, these cases present the greatest obstacles, and are certainly the most difficult that occur in surgery." He succeeded, however, in perfectly restoring three such cases; "in one of which," he says, "I performed upwards of thirty operations before success crowned my efforts."

The obstacles to success are numerous and must be apparent. The narrow space in which the operation is to be performed, the disposition of the urine to pass between the lips of the wound, the proximity of the ureters, the great secretion of mucus by the inner coat of the bladder, which is well calculated to interfere with the union of the parts, and the want of readiness with which mucous surfaces take on adhesive inflammation, are all very likely to defeat almost any operation, however well it may be done.

Several modes have been devised of operating for the radical cure of the vesico-vaginal fistula. Dupuytren recommended, where the opening was small, the application of the actual cautery; in his hands, it is said to have occasionally succeeded, but with other surgeons it has almost uniformly failed. The objections to it are numerous, and to my mind, decisive. It is not easily applied; it is difficult, and sometimes impossible, to limit its action, and if this be not done, the orifice is enlarged instead of being closed, and the trouble of course aggravated.

When there is a laceration only of the bladder, without loss of substance, union, it is said, has sometimes been effected, by keeping a catheter in the bladder, and thus preventing the flow of urine through the wound. But cases of this kind are rarely so favorable, as they usually arise from a sloughing of the organ, followed by a loss of a portion of its parietes. In these cases it has been preferred to use the ligature, the edges of the opening being previously pared. In a few instances this operation has succeeded; in many it has failed, and in some cases it has been productive of inflammation, which terminated in death. For these reasons, as well as because I am not aware that the operation has been ever before successfully done in this country, I shall give the history of the case and the mode of operating at some length.

CASE. A married lady, *ætat.* 34, and of good health, consulted me on account of a vesico-vaginal fistula. Fifteen years ago, she was delivered, by means of instruments, of her first child, which was dead, after having been in labor three days, during all of which time she passed no water. About ten days after her delivery an opening formed between the bladder and vagina, and since that period she has lost the retentive power of the bladder, and all the urine has escaped through the opening, except when a catheter has been introduced. Occasionally when in a horizontal posture there would be no escape of urine for two

or three hours, though usually there was a continuous flow; but when in an erect position it was constantly dribbling, causing great inconvenience and distress. She had been eleven times pregnant since the accident, but had never gone her full period since the birth of her first child. It is not improbable that the fistula might have had some influence in the production of these repeated abortions.

The only attempts that had been made to relieve her, consisted in the introduction of a catheter, which she wore for a considerable length of time, and touching the edges of the opening with caustic. Neither of these means afforded any relief; of late nothing had been done, and she regarded her case as almost hopeless.

Upon examination, I found the fistula situated from an inch and a quarter to an inch and a third behind the urethra, a little on the left side. It was not large, barely sufficient to admit the end of my forefinger, and surrounded by a hardened edge, nearly of the consistence of cartilage. There was some degree of morbid sensibility in the lining membrane of the vagina, so that an examination was quite painful.

I told her that an operation for the difficulty had been several times successful; that it had more frequently failed, and that in a few instances it had been followed by very serious consequences. At the same time, I regarded her case on the whole as a favorable one, and if, after this explanation, she wished for an operation, I would cheerfully undertake it. She at once consented, and it was fixed for the next day but one, May 10th, 1839, when it was performed in the following manner, in the presence of my friends Drs. Channing, C. G. Putnam and J. B. S. Jackson.

The patient was placed on the edge of a table, in the same position as in the operation for lithotomy. The parts being well dilated, I introduced a large bougie into the urethra, and carried it back as far as the fistula. In this way I was able to bring the bladder downwards and forwards, so that the opening was brought fairly into view. The bougie being then taken by an assistant, I made a rapid incision with a scalpel around the fistula about a line from its edges, and then removed the whole circumference of the orifice. As soon as the bleeding, which was slight, had ceased, I dissected up the membrane of the vagina from the bladder all around the opening, to the extent of about three lines. This was done partly with the view of increasing the chance of union, by presenting a larger surface, and partly to prevent the necessity of carrying the needles through the bladder. I then introduced a needle, about a third of an inch from the edge of the wound, through the membrane of the vagina and the cellular membrane beneath, and brought it out at the opposite side at about an equal distance. Before the needle was drawn through, a second and a third were introduced in the same way, and these being found sufficient to close the orifice, they were carried through, and the threads tightly tied. Each thread was left about three inches in length. I should have remarked, that I found no difficulty in introducing the needles by the hand, the fistulous opening having been brought so low down and so fairly in view.

A short silver catheter, constructed for the purpose, was then intro-

duced into the bladder, and the patient was conveyed to the bed and laid on her right side, to prevent any urine from coming in contact with the wound. I found her in the evening, eight hours after the operation, quite comfortable. She had had some smarting for two or three hours; but this was soon gone; she complained a little of the catheter; all the water flowed through it and was received upon cloths. She was directed to live on thin arrow root, milk and water, and a solution of gum arabic.

In the morning I removed the catheter, lest it might become obstructed, and after cleansing replaced it. No water had escaped through the wound. The patient had slept some in the night; her pain had been slight, and all her sufferings she referred to the instrument. Her pulse was good and she had no febrile symptoms. She was directed to keep in the same position, to live on the same diet, and take a solution of salts early the next morning.

She went on perfectly well for five days, the catheter being removed daily. At this time I examined her by means of a speculum. I found that the stitches were quite firm, and that the wound had apparently healed in its whole extent. There was no oozing of water through it, though she was then lying on her back, and there was urine in the bladder, as it flowed through the catheter as soon as I introduced it. I then cut away the stitches, which I found by no means easy, as I was afraid to bring down the bladder as was done in the operation, lest the wound might be torn open. The stitches, however, were at length safely removed, and in doing this I was much indebted to the assistance of my friend Dr. Putnam.

A smaller catheter was now introduced, and the patient put to bed in the same position as before. She continued very comfortable for two days, much more so than she had been at any time before, which she attributed to the size of the instrument. I then removed the catheter altogether, and directed her to introduce it every three hours, so as to prevent any accumulation of urine. This she did till the second night, when she slept quietly for seven hours, and on awaking felt no inconvenience. Twice also during this period she passed water by the efforts of the bladder alone, so that the organ had already regained in part its expulsive power, as well as that of retention. She now sat up, introduced the instrument less frequently, and was allowed a more generous diet.

At the end of seventeen days from the operation I examined her again; the wound was entirely healed and apparently firm, and the soreness nearly gone. I advised her to introduce the catheter two or three times a day for some weeks; and on the following day she returned home by water, a distance of nearly two hundred miles.

Everything connected with this case proved more favorable than I had anticipated. The operation was not difficult, nor very painful; it was followed by no bad consequences, and afforded complete relief. Perhaps the mode in which the operation was done, may have contributed something to its successful result. No violence was done to the parts by drawing down with hooks the fistulous opening, as in the common mode, nor was the bladder wounded by carrying the needles

through it, which I presume is the usual practice. I do not speak with certainty on this point, for I cannot find that any one has given a precise description of the mode in which the operation is to be performed. It may be inferred from the following remark of Dieffenbach, that he carried the needles through the bladder. "It is enough to say," he remarks, "that the operation is always a dangerous one, chiefly on account of the injury done to the bladder; the suture always producing more or less inflammation of the edges of the fistulous opening, or of the surrounding parts." Now it seems to me that in almost every case in which the ligature would be the proper mode of operating, the edges of the bladder can be brought in contact, without wounding that organ. The chance of adhesion would be much greater, and the danger of inflammation incomparably less. By dissecting up the membrane of the vagina to a considerable extent around the orifice, and carrying the needles through this at some distance from the edge of the wound, I cannot doubt that the edges of the bladder, which of course should be previously pared, may in almost every case be brought into close contact. This of course cannot be done where there is great loss of substance, but in such cases the ligature alone would not be sufficient, and some attempts have recently been made to treat them by the plastic method. "This operation consisted," says Blandin, "in paring the edges of the fistulous orifice, and adapting over it an oval flap derived from the internal surface of the large labia." This operation, according to the *British and Foreign Medical Review*, has been performed with some success by M. Jobert. In one instance "much inconvenience was experienced from the aftergrowth of hair in the transplanted flap."

I have ventured to make these suggestions, which I do with great diffidence, with regard to the mode of operating, because there is no case in surgery in which a successful operation gives more complete relief than in that of vesico-vaginal fistula, or relieves a greater amount of wretchedness, and because it is by no means well settled what is the best mode of treating this distressing infirmity. The attention of so many enlightened surgeons being now directed to the subject, gives reason to hope that an effectual remedy will be found for this deplorable malady.—*Amer. Jour. Med. Sciences.*

A NEW PHRENOLOGICAL FACULTY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Being convinced that there is a cerebral organ which has hitherto been overlooked by phrenologists, situated at the side of Concentrativeness, between Adhesiveness and Love of Approbation, I send you my opinions with regard to its function, in order that their just value may be determined by a more extensive observation of facts than I have it in my power to make.

You have, no doubt, observed that there is some difference of opinion among phrenologists concerning the situation of the organ of Adhesiveness. According to Dr. Gall, "the convolutions of the brain marked III.

constitute this organ. They are generally placed between the organ of the love of offspring, and that of the preservation of self and property (Combativeness); or rather to the right and left, and outside of the organ of the love of offspring. When the organ of the instinct of propagation is strongly developed in its superior part, the organ of attachment is placed a little higher than that of the love of offspring. In the cranium it is situated in the middle of the edge of the parietal bone, and when it is advantageously developed, forms two distinct annular prominences, or, at least, the cranium is large and prominent in this region. When, on the contrary, the organ of attachment is very slightly developed, the cranium in the same region is narrow and depressed.”*

Dr. Gall having learnt that the lady in whose head he had first noticed the organ was remarkable for the ardor and fidelity of her attachments, “the idea occurred to me,” says he, “that the disposition to friendship might also be founded in a particular cerebral organ. This opinion acquired with me a still greater degree of probability, as the prominences I had observed on the head of the lady were placed *immediately* above the organ of physical love, and by the side of that of the love of offspring, and these three propensities have some analogy with each other.”†

In the Bust marked by Dr. Spurzheim, and in the Edinburgh Bust (which is the most correct we have), the organ of Adhesiveness is placed higher than the situation described by Dr. Gall, and a part of the organ of Combativeness is represented as situated between it and the tentorium, and as connected with Philoprogenitiveness.

Mr. Combe, describing the origin of the Edinburgh Bust, and giving the reasons for this location, remarks: “Adhesiveness is delineated (in the Bust) chiefly from negative instances, that is to say, from skulls and casts in which it is depressed; David Haggart’s, for example, is one. In many skulls and casts, such as the Swiss skulls, the cast of the head of Mrs. H. &c., the organ is largely developed; but it does not stand forth in a definite form, on account of the neighboring organs being also larger. In the negative cases there is a depression corresponding to that single organ; and its situation, therefore, with an approximation to its form, was to be found by reference to them. Combativeness stands forth in a distinct form in the skull of General Wurmser, of which we have a cast.”‡

It must be apparent that the grounds for the location of Adhesiveness are not of so decided and marked a nature as is desirable. In none of the cases referred to does the organ appear in an isolated state, so that its exact boundaries can be determined. With regard to Combativeness, it is certainly very large in the cast of Wurmser, but I think it does not countenance the idea that any part of it is connected with Philoprogenitiveness. On examining the situation of the tentorium it will be seen that it is frequently (perhaps generally) placed somewhat

* Gall's Works, Lewis's Translation, Vol. III., page 312.

† Ibid, page 300.

‡ London Phrenological Journal, Vol. I., New Series, page 108.

higher in the region of Adhesiveness than in that of Philoprogenitiveness. In one head I have seen it fully half an inch higher. In these cases it falls again at Combateness. We are not, therefore, to conclude, when we see the inferior boundary of Adhesiveness somewhat higher than that of Philoprogenitiveness, that a part of Combateness is situated between Adhesiveness and the tentorium, so as to touch Philoprogenitiveness. In every case that I have seen, where the organ of Adhesiveness was distinctly marked, and I have seen several, it came as low as the insertion of the tentorium. It is so situated in a cast of the skull of the celebrated Whitfield; yet its inferior boundary, which is very distinctly marked, is somewhat higher than that of Philoprogenitiveness, because in this head the tentorium rises as it proceeds laterally. I have never seen any head in which it could be shown that Combateness touches Philoprogenitiveness; but I have seen several marked cases which prove that there is no such connection between them. In the head of Whitfield, that part of the skull which is situated immediately below Adhesiveness is not developed in the same degree as Combateness. Besides, these two regions must have been separated from one another during life by the tentorium.

In the head which first led me to observe particularly the situation of Adhesiveness, the organ is very distinctly marked. It is placed at the side of, and on a level with, Philoprogenitiveness; its inferior boundary is immediately above the insertion of the tentorium. Its superior boundary, which is also very distinctly marked, is on a level with that of Philoprogenitiveness. In the same head the lateral boundary of Concentrativeness is distinctly marked, and a ridge or line of division may be traced running from the conjunction of this organ with Philoprogenitiveness, between the new organ, Love of Approbation, and Conscientiousness on the one side, and Adhesiveness and Cautiousness on the other. The new organ being deficient in this head, its boundaries are thus very distinctly marked. Its development is quite different from that of Love of Approbation in the same head. I have seen the new organ small, in combination with Adhesiveness, Love of Approbation and Concentrativeness large, and in other cases with the latter organ small. I have also seen it large in the like combinations. I have more generally found it large in the female than in the male head, and in this my experience accords with that of other phrenologists, for as Adhesiveness and Love of Approbation are in general larger in the female head, had there been any marked deficiency in the region of the new organ it would have been noticed long ago. Adhesiveness, instead of running up by the side of Concentrativeness, extends laterally towards Cautiousness and Combateness, and its superior boundary forms the posterior and lateral boundary of the new organ.

My observations have led me to believe that the function of the new organ is a propensity to communicate thoughts and feelings, and I propose calling it Communicativeness. For convenience I shall here speak of the faculty and organ by that name. The propensity to talk or communicate thoughts and feelings varies exceedingly in different individuals; for while some persons are remarkable for their loquacity, others

are equally remarkable for their taciturnity. As a specimen of the talkative genus, I give the following extract from La Bruyère's characters. "Il faut laisser parler cet inconnu que le hasard a placé auprès de vous dans une voiture publique, à une fête ou à un spectacle, et il ne vous coûtera bientôt pour le connaître que de l'avoir écouté : vous saurez son nom, sa demeure, son pays, l'état de son bien, son emploi, celui de son père, la famille dont est sa mère, sa parenté, ses alliances, les armes de sa maison : vous comprendre qu'il est noble, qu'il a un château, de beaux meubles, des valets, et un carrosse." The various forms of loquacity are very well illustrated in the "Characters of Theophrastus."

It is, I believe, universally admitted that females are generally more talkative than males. Addison, in No. 247 of the Spectator, after describing several different kinds of female orators, remarks : "I have often been puzzled to assign a cause why women should have this talent of a ready utterance in so much greater perfection than men. I have sometimes fancied that they have not a retentive power, or the faculty of suppressing their thoughts, as men have, but are necessitated to speak everything they think. But as several are of opinion that the fair sex are not altogether strangers to the art of dissembling and concealing their thoughts, I have been forced to relinquish this opinion, and have therefore endeavored to find some better reason."

The strength and activity of the communicative propensity varies greatly in different nations. It is generally very active in the French, less so in English and Spanish, and it seems to be quite active in the Irish. Its activity, in conjunction with large love of approbation in the French, has had an important influence on the character of their language. "The French people, naturally gay and loquacious, and fond to excess of those superficial accomplishments which engage the attention of the fair sex, have invented such an infinity of words capable of expressing vague and unmeaning compliment, now dignified by the name of *politeness*, that in this strain, one who uses French can never be at a loss ; and as it is easy to converse *more* and really say *less*, in this than in any other language, a man of very moderate talents may distinguish himself much more by using this than any other that has ever yet been invented. On this account it is peculiarly well adapted to that species of conversation which must take place in those general and promiscuous companies where many persons, of both sexes, are met together for the purposes of relaxation or amusement, and must of course be naturally admitted into the courts of princes, and assemblies of great personages, who having few equals with whom they can associate, are more under the necessity of conversing with strangers, in whose company the *tender stimulus of friendship does not so naturally expand the heart to mutual trust or unrestrained confidence*. In these circumstances, as the heart remains disengaged, conversation must necessarily flag, and mankind in this situation will gladly adopt that language in which they can converse most easily without being deeply interested. On these accounts, the French now is, and probably will continue to be, reckoned the most polite language in Europe, and therefore the most generally studied and known."—*Encycl. Brit.*

This propensity must be feeble in the rudest and most uncultivated savage tribes, who from their mode of life and the limited range of their ideas, have little to excite the faculty to activity.

The energy of the communicative propensity seems to bear no invariable relation to that of any of the received phrenological faculties or of any particular combination of them ; it certainly is not proportionate to that of language. The function of the faculty of language seems to be the perception and memory of articulate sounds, and in those who are born deaf, and consequently remain dumb, it must be altogether inactive. Nevertheless, the deaf and dumb show a strong desire to communicate their thoughts and feelings, as is apparent in the cases of James Mitchell, Laura Bridgman, and many others.

Loquacity, from the remotest ages, has been reckoned one of the infirmities of old age, while it is certain that the faculty of language is one of the first to become enfeebled. Many persons, when excited by stimulating drinks, are uncommonly communicative even when they can hardly speak, and when it is very evident they have great trouble in finding words to express their thoughts. Hence the adage, "*In vino veritas.*" The lower animals feel and show a desire to communicate their thoughts and feelings, which they gratify by a voluntary use of the natural language of their faculties, and by their cries and gestures.

This propensity may act separately from language. We frequently desire to communicate facts and events of which we have but a confused recollection, and before we have thought of clothing them in words. It does not always prompt to the use of articulate sounds, but is gratified by other means, as a look or a gesture. If the desire to communicate depended on language or any other acknowledged faculty, we should always feel it when that faculty was active, and should never feel it when it was not active. We do not find that those individuals who have a large organ of language are always, or even generally, great talkers ; on the other hand we frequently see great talkers who have but a poor development of language, and have but a scanty vocabulary.

This propensity seems to have been diseased in the young lady mentioned by Dr. Gall,* who went about at Vienna telling all her friends that she was pregnant. It is remarkable that this diseased communicativeness was followed by an invincible and melancholy taciturnity. The principal excitement seems to have been in the posterior lobes of the brain. The desire of communicating thoughts and feelings remains active when language is very much impaired, as is seen in the case of the Notary, recorded by Pinel. "He frequently pointed out with his fingers the files which contained documents that could not be found, and indicated by other signs that he preserved the former train of his ideas entire," though he could not find words to express them.

Dr. Gall, speaking of the soldier sent to him by Baron Larrey, remarks, "that he manifested to him very strongly, that he was sorry not to be able to express himself on many things which he would have wished to tell him." He afterwards remarks, "Perhaps similar facts

* Gall's Works, Vol. III., page 285.

throw light on those mental diseases, in which the patients absolutely *refuse* to speak.”* I think they do not; in the above cases the patients had a strong desire to make known their thoughts, but were unable to do so by means of words.

I think I have said enough to prove that the desire to communicate thoughts and feelings does not depend on the faculty of language, which may be active without any such desire being felt, as in reading or listening to the discourse of others. It is evidently a propensity, and not an intellectual faculty. I think it can no more be attributed to any of the acknowledged faculties than to language. It will perhaps be said that each of the faculties being active, prompts us to use means for its gratification. It certainly does; but it is by exciting the other faculties; thus love of approbation being active, prompts us to conceal, to acquire, to construct, to imitate, &c., by exciting secretiveness, acquisitiveness, imitation, or constructiveness, these again acting on the intellectual faculties; in the same manner it prompts us to communicate our ideas, by exciting communicativeness. The mode of its gratification is thus determined by the faculties in combination with which it acts. We sometimes experience the desire of communicating our thoughts, in so distinct and unmixed a state that it must depend on a primitive power of the mind, different from any now acknowledged. An anecdote is told of a beggar, who for the purpose of exciting compassion, pretended to be deaf and dumb. He presented to a gentleman a paper describing his unfortunate state, and soliciting assistance. The gentleman being rather absent minded, asked him how long he had been dumb; the beggar, taken unawares, immediately answered, “Two years,” that being the time during which he had acted the dumb man. It seems to me that the answer in this case was prompted wholly by communicativeness, to which questions are addressed.

One of the fables in Ovid’s *Metamorphoses* furnishes a very clear illustration of communicativeness. The barber of King Midas, having discovered that his master had asses’ ears, found the secret so painful to keep, without daring to tell it, that to relieve his mind of the intolerable burden,

———“*Secedit, humumque
Effodit, et domini quales conspexerit aures,
Voce refert parvâ.*”—*Mel. xv.*
“He dug a hole, and in it, whispering, said,
What monstrous ears sprout from King Midas’s head.”

It must be recollected that communicativeness, though capable of acting separately from the other feelings, is commonly either excited, guided, or restrained by them.

FACTITIOUS DRINK.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

THE three principal uses of drink are the following.

1st. It is a *diluent*, to assuage thirst, attenuate food, and furnish a pabulum for the humors of the system.

* Gall’s Works, Vol. V., page 23.

2d. It is a *condiment*, to give a relish for food, assist digestion, and at times to promote appetite.

3d. It is a *refreshment*, to restore the system speedily, when it is languid and exhausted by bodily or mental labor, or by other causes.

Probably its legitimate use, in health, may be comprehended under one or other of these heads. However, there is by no means always an exact line of distinction, as the different objects may be combined. Some drinks are nutritive, and while they dilute or refresh, they are also a part of food; and when liquids are used as condiments, as well as many other articles for the same purpose, they often contain a considerable nutriment in themselves.

Diluents.—Pure water, drank at the fountain, is the simplest and best diluent. The difficulty is, the great body of mankind are so situated that they can but rarely have access to pure water, directly from the fountain. In warm seasons it loses the best part of its flavor and relish, after it has been removed but a short time, and soon becomes insipid, and frequently absolutely nauseous.* The general use of tea, in China, is said to be owing to the impurity of the water there.

From these considerations, mankind have perhaps universally, when it has been in their power, resorted to various expedients, to qualify such water as they have, so as to make it a grateful and pleasant diluent. It is qualified by the addition of ice, milk, acids, sugar, aromatics, the juices of fruits, tea, coffee, and many other articles of the kind. But these are all extemporaneous preparations, which must be soon used, as they are commonly made in small quantities, and are liable to retain their goodness and flavor only a short time. Civilized people have always been fond of having a store of the comforts, conveniences, and necessities of life. It was early discovered, that by means of fermentation the juices of fruits, the decoctions and infusions of grain, and of many other articles, might be easily collected in quantities, and retain their freshness for a convenient space of time, while they by themselves, or being diluted with water, formed a grateful drink. Thus wine and beer came into common use, in the remotest periods of antiquity. These artificial drinks would not only keep some time, but they could be carried into the field, taken to sea, and be distributed in cities, and other places, where fresh water, and even most of the extemporaneous preparations, were rarely obtained. The preparation of artificial liquors for drink, among all civilized nations, was considered about as indispensable as cookery for food; and the time was in our country, when it was thought nearly as necessary, for a family that would live comfortably, to brew as to bake.

Condiments.—Wine is just mentioned by Parr, and occasionally noticed by other authors, as a condiment; but this important, and perhaps I may say, main use of artificial drinks, among temperate people, has hitherto attracted very little attention. Nor is it generally

* The writer, though he is in the habit of drinking water daily, and is not over nice as to its quality, was lately nauseated for hours, in consequence of taking half a tumbler of impure well water. The family that use it seemed to be unconscious of its impurity. They have several invalids or dyspeptics among them, how far owing to the bad quality of their diluents, and omission of condiments, and refreshments, I am unable to determine.

considered how very important condiments are, as a part of our food, by giving it a relish, assisting its digestion, and frequently promoting the appetite. When bread and milk are taken together, though the milk itself is a nourishing article, yet it is employed more as a condiment for the bread, than as food of itself. The same is the fact with butter, cheese, oil, smoked beef, saltfish, salads, fruits, sweetmeats, and other things of the kind, which are more or less nutritious of themselves. Esculent roots, and most garden vegetables, besides being of themselves a part of our food, perform a still more important office by being condiments for meat, which could without them be eaten only with difficulty, and might hardly be borne by the stomach of a civilized man.

Some factitious drinks, as tea and coffee, are employed almost solely as condiments, though they are also diluents. They are principally employed as appendages to our meals, by which we are enabled to take bread and butter, and other food, with much greater facility and relish than we otherwise could do, if we only diluted them with water. They enable us to dispense with much meat and other hearty food. Beer, cider, claret and other kinds of wine, it is believed, are more used by the temperate, for condiments, than for any other purpose. Our habits are such that many dishes cannot be comfortably eaten, and if eaten will disturb the stomach, without them. Many a stomach cannot digest a piece of cake unless it is followed by a glass of wine, cider or beer. Roast pork, and several other kinds of animal food, not only relish better, but sit much more easily on the stomach, by these means. Many fruits cannot be eaten in any quantity, unless they are followed by some such condiment. There seems to be a kind of fitness, a sort of balance, between several articles, and made dishes, of food, for each other. It is a remark among farmers, that apples and cider naturally go together. By this they mean that apples will suit the stomach better when they are followed by a glass of cider. I think so too. There seems to be the same connection between wine and many dried fruits, as raisins, nuts and almonds.

Celsus, when treating of diet and regimen, seems inclined to arrange most of the inhabitants of cities in the class of valetudinarians. He might have added all civilized people. Though valetudinarian is rather too strong a term to apply to people who can perform all the duties of active life, yet every civilized man almost necessarily has less vigor of health, than the savage. His whole body, and particularly his stomach, is in a state more or less artificial, which requires to be met by artificial means. There is scarcely a comfort, convenience, or delicacy, that does not produce a want, which is to be met by something else, an article not otherwise needed. The various parts of diet and regimen must be adjusted and arranged so as to suit each other. When any main article, therefore, is removed or changed, a considerable change is necessary in the others. If this is not done, the system will be liable to be as much deranged as a clock is by the loss of a wheel or spring, or rather by the lightening of its weights.

Condiments are designed not only to give a relish for food, but by making that palatable which might otherwise be insipid or disgusting,

they evidently promote digestion by increasing the secretion of gastric juice. By this means, also, they are often employed to produce an appetite, and thus have a medicinal effect, like tonics upon the weak stomach.

As condiments, in general, are not absolute necessities of life, and are often wholly dispensed with by savages, many of them are always attacked by those who fancy they can point out a correct course of diet and regimen. Not only such articles as pepper, spice, mustard, horse radish, pickles, catchups, sauces, and other things of the kind, that have little or no nutriment in themselves, are by turns condemned, but sugar, butter and cheese are questioned; tea and coffee are censured; and beer, cider and wine are actually prohibited, both on the ground of health and morals. Many of these reformers still go much further. One objects to any meat that is not from animals arrived at a particular age; another rejects animal food altogether; a third, perhaps, restricts his diet to milk, coarse bread, rice, potatoes, and possibly a few fruits.

It might not be a matter of so much consequence, if these supposed philanthropists could only affect the young and robust, as these can often endure almost any privation with impunity, and may perhaps remain healthy upon any kind of aliment, provided it is in sufficient quantity. But, as the healthy and vigorous can usually bear almost any food, such lecturers are not very apt to make much impression on them.

The arguments and speculations are generally all on one side, and are almost exclusively founded upon particular cases of incidental evils, which are common to almost everything in this world. The advantages are scarcely glanced at, and are not examined to see whether, on the whole, they do not far outweigh the inconveniences. The reformers have to propose a short and easy course, which they suppose lays the axe at the root of the evil. It is to reject whatever may be its occasion, and banish it from use. They thus renounce one comfort and convenience of life after another, and upon this principle, if thoroughly carried out, they would soon reduce us to a barbarous, if not a savage state.

The subject of artificial drink, as a *refreshment*, to restore the system speedily, when it is languid and exhausted by bodily or mental labor, or other causes, is necessarily deferred to a succeeding number. Besides, one or two, or more, communications will probably be added, containing miscellaneous remarks upon errors, abuses and prejudices, as well as pointing out the important distinction between temperance and abstinence.

August, 1839.

SENEX.

Foreign Medical Works.—The following are some of the medical works lately published in London. A Popular Treatise on the Kidneys; by George Corfe. The efficacy of Catheterism of the Eustachian Passages, &c., in the Cure of Deafness; by James Yearsley, M.R.C.S., and Surgeon to the Institution for curing Diseases of the Ear. A Treatise on the Nature of Club-foot, and analogous Distortions, including their Treatment both with and without Surgical Operation; by W. J. Little, M.D. Researches on the Teeth; by Alexander Nasmyth, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 21, 1839.

OUTLINES OF PHYSIOLOGY.*

It is positively a curiosity in the annals of medical literature, that a majority of the authors who have written expressly on physiology, in modern times, have the prefix of *outlines* to the titles of their works. Whether there is a magical influence in the word which they alone have discovered, that renders it particularly applicable to this class of inquiries, has not been revealed. It is morally certain, however, that there is a want of ingenuity, in this particular, in those who have shown themselves ingenious in all other respects. *Outlines* are now altogether too numerous; it makes perfect confusion in bibliography. Had a city, full of streets and lanes, but a single name for the whole of them, it would be in the condition of a physiological library of modern date. The same predilection manifested by foreigners, is shown by our native writers, so that things are becoming worse and worse in this respect.

Although we are disposed to find fault with this endless repetition of *outlines*, simply because it makes needless perplexity, the matter and the whole arrangement of Dr. Roget's materials constitute an admirable system of physiology, which cannot otherwise than be appreciated in this country. The book is a large, well-finished octavo, of five hundred and sixteen pages, divided into twenty-four chapters, with notes by an anonymous commentator. Lastly, there is an Appendix on Phrenology, in which Dr. Roget shows his objections to the doctrines taught by the friends and advocates of that science. Perhaps this will give more character to the volume, in the estimation of some, than it would otherwise have, inasmuch as the main body of the work is mainly the essence of all former writers of authority on physiology. With us, his arguments are by no means satisfactory; and rather than condemn the investigations of the phrenological philosophers, as unworthy of the serious attention of men of understanding, we much prefer to let them proceed uninterruptedly, and let after times decide upon the value of their labors.

Simply viewed as a modern physiological system, containing all that is valuable and even excellent in other productions of the same kind which have preceded it—embracing a vast amount of curious facts in comparative anatomy—we cannot withhold the expression of warm approbation of this work. We have derived both pleasure and instruction from its pages. It should be in the hands of every medical student, and in all medical libraries, placed by the side of Dr. Oliver's treatise—a deserving, meritorious performance by a native author.

Smallpox in Connecticut.—By a communication in a Hartford paper, we perceive there have been about forty cases of natural smallpox in the town of Suffield, at what is called the Feather-street District, under the care of Dr. H. A. Hamilton, who says that some of the cases were con-

* *Outlines of Physiology, with an Appendix.* By P. M. Roget, M.D., &c. First American edition, revised, with notes. 8vo., pp. 516. Philadelphia: Lea & Blanchard. 1839.

fluent. The patients ranged between the ages of four weeks and seventy-seven years. Only three of them died, which speaks well for the physician's good management. Of those who fell under the disease, he remarks that one was a female in consumption, much emaciated, aged 77; a male of irregular habits, aged 60; do., a confirmed inebriate, aged 50; both of the latter, while covered with pustules, daily took large portions of cider, salt food, and travelled the wet meadows.

College of Physicians and Surgeons, New York.—There is now a good prospect of better success than has attended this celebrated school for a few years past. Nothing seems to be wanting to insure an accession of students, since all other partially developed rival institutions, which we heard so much about, a year ago, are nipped in the bud. The regents may consider themselves extremely fortunate in securing the services of several new members of the faculty—men who are accustomed to teaching. Dr. J. B. Beck, on Medical Jurisprudence, has but one rival—his distinguished brother, at the Fairfield College.

TO CORRESPONDENTS.—The communications of Drs. Palmer, Wheeler, and Z. Howe, with others before acknowledged, will be inserted soon.

MARRIED.—In Boston, Morrill Wyman, M.D., of Cambridge, to Miss Elizabeth Aspinwall Pulsifer, of Boston.

Whole number of deaths in Boston for the week ending August 17, 39. Males, 28—females, 11.

Of consumption, 1—Intemperance, 2—sudden, 1—scarlet fever, 3—dysentery, 2—disease of the womb, 1—infantile, 4—cholera infantum, 4—old age, 2—dropsy in the head, 1—apoplexy, 1—drowned, 3—marasmus, 2—chickenpox, 1—bowel complaint, 2—liver complaint, 1—typhous fever, 1—stoppage in the stomach, 1—teething, 1—cholera morbus, 1—fits, 1—canker in the bowels, 1—throat distemper, 1—hooping cough, 1—stillborn, 1.

MEDICATED VAPOR BATHS.

PHYSICIANS are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.

Aug 21—tf

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

FOR the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Vento-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from \$1 50 to \$4 00, according to size and finish. To physicians those of men's sizes will be sold at \$2, 2 25, 2 50, 2 75, and \$3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21—

M. R. FLETCHER.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.

RUFUS WYMAN, M.D.

GEORGE C. SHATTUCK, M.D.

JACOB BIGELOW, M.D.

WALTER CHANNING, M.D.

GEORGE HAYWARD, M.D.

JOHN RANDALL, M.D.

ENOCH HALE, M.D.

JOHN WARE, M.D.

At the annual meeting of the Committee, on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the pathology and treatment of Rheumatism," with the motto "Frustra fatigamus remedia ægros;" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "Kunst macht Ganst." On opening the accompanying sealed packets, EDWARD WARREN, M.D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz.:

1st. "The pathology and treatment of Typhus, and Typhoid, Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz.:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the Teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

A14—4t

Boston, August 7, 1837.

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by

Chemistry, by

Midwifery and Medical Jurisprudence, by

Materia Medica and Clinical Medicine, by

Principles of Surgery and Clinical Surgery, by

Theory and Practice of Physic, by

JOHN C. WARREN, M.D.

JOHN W. WEBSTER, M.D.

WALTER CHANNING, M.D.

JACOB BIGELOW, M.D.

GEORGE HAYWARD, M.D.

JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other."

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—tN

MEDICAL INSTITUTION OF YALE COLLEGE.

THE Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

BENJAMIN SILLIMAN, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.

ELI IVEY, M.D., Professor of the Theory and Practice of Physic.

WILLIAM TULLY, M.D., Professor of Materia Medica and Therapeutics.

JONATHAN KNIGHT, M.D., Professor of the Principles and Practice of Surgery.

TIMOTHY P. BEERS, M.D., Professor of Obstetrics.

CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are \$12 50 for each course, except that on obstetrics, which is \$6. The matriculation fee is \$5, and the contingent bill for the course on chemistry, \$2 50. The expense of a full course, therefore, is \$76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is \$15.

Yale College, August 1, 1839.

Aug 7—6t

CHARLES HOOKER, Secretary.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, AUGUST 28, 1839.

No. 3.

IRREDUCIBLE OMENTAL HERNIA.

BY DAVID PALMER, M.D., PROFESSOR OF CHEMISTRY AND MATERIA MEDICA IN THE
MEDICAL COLLEGE OF VERMONT.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called on Sunday, of last week, by my friend, Dr. Powers, to visit Mrs. B., of this village, aged 53, the mother of several children, who had been under his care for ten or twelve weeks, with what he considered visceral inflammation, occasionally shifting from one organ to another. We now, however, recognized the presence of strangulated hernia. On examination the patient presented a general unhealthy appearance; extreme sallowness and emaciation, with general tenderness, on pressure, over the whole abdomen. At the usual seat of femoral hernia, was a tumor presenting the appearances common to that disease. The history of the tumor, however, created some embarrassment; and it is on this account, chiefly, that I have thought the case worthy the notice of the readers of the Journal. The patient said "The swelling had been there two years. Sometimes as large as at present, generally less, but never wholly absent." It had never created any uneasiness, and was never suspected of being hernia. On the day preceding my visit, it had suddenly increased in size, and in the course of the day some of the symptoms of strangulated hernia made their appearance. The generally diseased condition of the patient, and especially the evidences of abdominal disease, made the prospect of an operation exceedingly unpromising. We were, however, constrained to say to the patient and her friends, that it offered her the only chance, as the tumor was manifestly irreducible by the taxis, after all the preparatory steps proper in her situation had been taken. On dividing the hernial sac, the omentum protruded, of a healthy appearance. Below this was a fold of intestine, three or four inches in length, of a dark color, but not darker than I have seen in cases that did well. After dilating the stricture, the intestine was readily returned. The omentum was returned with more difficulty, owing, as it afterwards appeared, to a strong adhesion to the peritoneum, at the neck of the sac. After the operation, the patient was somewhat faint and languid; continued to sink during the night, and died about 7 o'clock the next morning.

On examination of the body, six hours after death, the whole serous surface of the intestines was covered with the flush of intense recent inflammation. Most of the parietal peritoneum was in the same condi-

tion, whilst extensive suppuration and depositions of fibrine and adhesions of the convolutions, were the evidences of disease of a more chronic character. The portion of intestine which had been strangulated, was black; and a part of the omentum, firmly adherent to the neck of the hernial sac. The patient's life was probably not materially abridged by the occurrence of the hernia, or by the operation; as neither could have caused the appearances of abdominal disease.

The case derives its chief interest from the complication of permanent irreducible omental hernia, with recent and strangulated enterocele. In *this case* the diagnosis was not very difficult, although the medical men present were not altogether unanimous. But in some instances that have fallen within my observation, where an omental hernia, of some ten, or twenty, or thirty years' standing, has at length been complicated by the sliding down of a knuckle of intestine, and this becoming strangulated, without any sensible increase of the size of the tumor, the case has been exceedingly difficult to decide upon, especially as the symptoms—the *rational* signs of strangulation—are often extremely insidious. A valuable illustration of this latter fact occurred to me three or four days before the case I have now described. A woman of 40, in perfect health, and who had never experienced any of the symptoms of hernia, was attacked with vomiting. The symptoms, according to the account of her physician, Dr. Russ, of Pomfret, resembled those occasioned by the passage of a gall-stone, rather than those of strangulated hernia. Things remained in this condition 24 hours, when the doctor elicited the fact, that about the period of the commencement of the vomiting, the patient had perceived a tumor at the top of the thigh. On examination, he made this out to be a crural hernia, and after making such attempts for its reduction as he thought proper, called me in consultation. After carrying the trials at reduction by taxis as far as seemed warrantable, without success, I proceeded to the operation. And although the protruded intestine was very dark colored, yet its function was speedily restored; evacuations from the bowels occurred on the day subsequent to the operation; the wound healed by the first intention, and the patient's health is now wholly restored.

The frequent occurrence of strangulated hernia; the alarming rapidity of its course to a fatal termination, and the importance, both to the patient and the practitioner, of an early correct diagnosis, must be my apology for details which are sufficiently familiar to the experienced surgeon.

Woodstock, Vt., August 10, 1839.

THE EFFECTS OF MENTAL EMOTIONS IN PRODUCING ASTHMA AND DYSPNŒA IN GENERAL.

BY N. H. ALLEN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE often been surprised at the great number of asthmatics to be met with among educated and public men. From my own observation

I am led to the conclusion, that far more than a just proportion of those who are afflicted with asthma and dyspnœa of all kinds, are to be found in those classes that get their livelihood by thinking, rather than by bodily labor; and who are subjected to the rack of thought, the anxieties of business, and the perplexities of scientific pursuits, more than to the inclemencies of the weather or the fatigues and hardships of corporeal labor. We have always been taught, that exposure to the vicissitudes of our climate, intemperance, malformations of the chest, hereditary predisposition, &c., were the causes of asthma. But when we meet with it as frequently among the strictly temperate, as among the intemperate, and as often among those that are not exposed to the weather and to corporeal fatigue, as among those who are, we must conclude that there are other causes as powerful, at least, in producing this disease, as those which are generally mentioned by authors on this subject. It is, therefore, from the foregoing considerations, that I have been led to the belief that the influence of mental emotions upon the functions of respiration have generally been too much overlooked.

The treatment of asthma has always been conducted on the *ne plus ultra* principles of empiricism. Hundreds have been the infallible remedies for this disease; but the most of them have been like the charms of the soothsayer, incapable of producing their wonderful effects except when administered by the hand of the inventors. One practitioner comes forward, and with bold assurance declares that the lancet is the *sine qua non* in this malady of "*ghastly spasm*;" whilst another "*veto*es" this practice, and tells you to let this instrument remain quietly deposited in its case. One boldly prescribes the warm bath; another says, "give us a little cold water." One extols opium as the "sovereignest remedy in the world;" another stands astonished at the absurdity of giving this drug in such a disease. You can scarcely meet with a wiseacre in the country, who cannot give you all but numberless undoubted remedies for the asthma. Tobacco, lobelia, sulphuret of potash, antimony, ipecac., and a hundred other articles, are extolled by some as cures, while others can find no relief whatever from their use. This difference of opinion, with regard to the effect of these various remedial articles in this disease, probably results from prescribing them to a patient at different stages of the paroxysm. One practitioner gives some remedial article a short time before expectoration takes place, which relieves the patient. He, therefore, ascribes the beneficial effects to the article last given. Another gives the same article at the commencement of the fit. He, therefore, says no good effects result from it; and of course condemns it as useless, when, perhaps, it had as much effect in the one, as in the other case.

All these multifarious forms of treatment would lead us to suspect that the pathology of asthma is seldom very strictly attended to by the practising physician. It would seem that when he is called to a case of the kind, like the person that is suddenly called upon to extinguish a flame, he makes use of the means the nearest at hand, till at last the combustion is overcome, or goes out of itself, while the means that have been the most used get the credit of extinguishing it.

But my object is to inquire into the causes of that asthma which is dependent on nervous influences. With regard to all other kinds, I would merely remark, that the only rational mode of treatment, where the system is plethoric, is by depletion. It matters little whether dyspnœa is caused by inflammation of the bronchi, by a loaded and deranged state of the digestive organs, by emphysema of the lungs, by disease of the heart, or by any other morbid state of the system; if the system is plethoric and oppressed, our grand object is to take off the burden from the moving powers, to remove the obstruction from before the clogged wheels of life, and give the *vis a tergo* a chance to act. And this must be done by the lancet.

But to come to the subject of inquiry. I am convinced that nervous influences, mental emotions, care, grief, anxiety, hard study, &c., will as certainly produce a fit of the asthma, in those who are predisposed to it, as a fit of dyspepsia in those of delicate digestive organs. This is frequently the only way that paroxysms of asthma in men of sedentary habits and literary occupations can be rationally accounted for. And I have generally observed that clergymen and physicians, who are troubled with this disease, have uniformly been attacked with their most severe fits soon after having made some great mental effort, or labored under some deep anxiety. And why should not mental emotions have as great an effect over the respiratory, as over the digestive organs? A sudden alarm destroys the appetite, fear and anxiety stop digestion, and long-continued severe mental efforts debilitate the organs of nutrition, and render them incapable of performing their functions. If, then, mental emotions have so great an effect upon the digestive organs, they must, of course, have equal control over the respiratory organs. And why should they not? The lungs are supplied by the same nerves as is the stomach; and they at least have as close a connection with the brain as does the latter organ. Therefore the mental influences which injure the stomach will have the same effect on the organs of respiration.

Under almost all mental emotions of the graver kind, the respiration, if it is not rendered slower (and that it is rendered slower, I am very positive), certainly becomes less deep. The circulation is accelerated, and thereby a disproportion is established between the frequency of the circulation and the respiration. The secretion from the mucous membrane of the lungs is increased, and the exhalation from the same is lessened; the lungs, of course, become, in a greater or less degree, congested, and difficulty of breathing is the consequence. To illustrate my meaning, let us take a case; an orator, for instance, who has been occasionally somewhat affected with asthma. He is called upon to make some vigorous effort in public. He gives himself up to laborious composition, to prepare for the occasion. He burns out, in mental labor, that part of the vital principle which would have otherwise been expended in supporting the operations of the digestive and respiratory organs. The lungs are not properly expanded; and a disproportion is established between the frequency of the respiration and the circulation. Anxiety increases this disproportion. He makes an effort before a public audience, during which his lungs become still more congested,

and in a short time afterwards he is attacked by a paroxysm of dyspnoea, more or less severe.

Paroxysms of asthma from mental causes happen, perhaps, more often in physicians than in any other class of people. The son of *Æsculapius* was originally condemned to lead a life of care, fear and anxiety. How often, in the course of his practice, does he meet with cases that call for the exertion of all his mental powers; and whilst his nervous power is being expended by intense thought, anxiety adds fuel to the fire. His lungs are not expanded, and the nervous fluid which ought to be expended on them, is diverted into another channel; and, if he is predisposed to asthma, it is after some difficult case in his profession, that his most severe fit comes on. It is on this account, that the medical profession is of all occupations the very worst in which a man can engage who is subject to this disease. He must either leave it or lead a most wretched life. It is not the exposure to the vicissitudes of the climate that makes this profession so difficult to be followed by those who are subject to asthma; but it is the rack of thought, and the anxieties inseparable from this class of the community.

I may here be asked what is the remedial treatment of asthma dependent upon mental causes. I would then say that the physician, in such cases, must be such a one as can "minister to the mind diseased." He must be such a physician as can teach his patient self-command—can teach him to meet any or all the troubles and perplexities of this world without suffering the balance wheel of his mind to be disturbed. When the patient can do this—when he can be calm, collected and undisturbed under all the cares, troubles, doubts and anxieties of life, he may as well, although predisposed to asthma, follow the life of a physician or a clergyman, as that of a hermit. But if he cannot gain this command over himself, let him give up a mode of life in which there are ten thousand difficulties to beset him, and seek to enjoy himself in some other that is more congenial to his physical organization.

There are, however, some remedies of essential service in this variety of asthma; and among the first of these is to be ranked opium. This is, perhaps, the best possible remedy we can use in asthma dependent on mental causes, such as I have already enumerated. It often acts like a charm. A full dose will frequently restore, in a short time, the balance of nervous power between the lungs and brain, and relieve the difficulty of breathing. It causes a rush of nervous fluid to be given out by the brain, whereby the chest is dilated and the lungs expanded. I have often experienced the happy effects of this remedy in my own person. I have frequently retired at night with so great an oppression of the lungs, that it was with the greatest difficulty I could get my breath; but after taking a full dose of laudanum, I have had a good night's sleep, and awaked in the morning without a vestige of the difficulty of the preceding night.

There is another remedy in this variety of asthma, which may sometimes be found of the utmost importance; and this is galvanism. This remedy was first recommended by Dr. Wilson Philip, and is applied by placing one plate of zinc on the back of the neck, and another on the epigastrium, and passing the current diagonally through the chest. This

remedy always relieves this species of asthma, and it confirms the idea that it is dependent on a want of nervous power in the lungs. But I am growing prolix.

Gray, Me., August, 1839.

FACTITIOUS DRINK.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

REFRESHMENT.—In the dying prophecy of Jacob, an abundance of wine, as well as of milk, is evidently mentioned, as itself a blessing, or as a type of the peculiar blessings which were in reserve for the posterity of Judah. The Psalmist refers to *wine that maketh glad the heart of man*, as a subject of as much gratitude, as oil and bread. The writer of Ecclesiasticus says, *Wine is as good as life to a man, if it be drunk moderately : what is life, then, to a man that is without wine ? for it was made to make men glad.* At the first dawn of the Gospel, its divine author created wine, towards the close of a feast, after men had *well drunk*, as the *beginning of [his] miracles.*

From these and numerous references besides, which might easily be made to various parts of the Scriptures, it strikes me that a man's mind must be strangely constructed to question the lawfulness of the use of wine, under the three dispensations of our holy religion, the Patriarchal, the Mosaic, and the Christian. I cannot, therefore, stop to dispute a moment with those who would wish to interfere with the Christian liberty of their brethren, and deprive them of wine and fermented drinks, on the ground either of religion or morals. They are not only wise above what is written, but in opposition to what is written. If argued with at all, they must be treated upon the principles by which we would attempt the recovery of enthusiasts, bigots, fanatics, and other monomaniacs. They are insusceptible to a process of reasoning which is adapted to sound minds. Individuals have the same moral right to use fermented liquors, as they have to use money, credit, commerce, the printing press, or any other improvement of civilization, the casual abuses and contingent evils being no more of an argument in favor of prohibiting them, in one case than the other.

The expediency of continuing the use of these factitious drinks is quite another question, and is a matter worthy of the most accurate investigation. The following extracts from Parr very accurately describe the operation of wine, when it is employed as a refreshment, analeptic, or restorative.

"Wine is highly grateful to the palate and stomach, giving an immediate and agreeable warmth to the whole system, and its peculiar and pleasing stimulus is felt, even at first, in the mouth. It completely answers the idea formed of an analeptic, as it appears immediately restorative. When we pursue its effects further, we find the strength and spirits renewed ; the perspiration and other secretions, which may have languished from fatigue, restored ; the thoughts follow each other with more freedom, and every motion is carried on with ease and

comfort. If we examine this series of symptoms with a marked attention, we shall at once perceive the combination of a stimulant with a sedative power; in other words, an indirect stimulus. The freedom, the serenity rising to hilarity, point out the narcotic influence, and show that wine cannot be considered as strictly and properly a stimulant" [alone]. After noticing the symptoms from its excess, he proceeds.

"Wine, however, in moderation is, like tea, salutary, and its noxious portion is guarded by the extractive matter, perhaps the acid, from being, in general, injurious. In this it differs from ardent spirits, which not only want this sheathing, protecting ingredient, but seem to acquire additional deleterious properties from fire, particularly by the evolution of an acrid, often an empyreumatic, oily principle."

The following remarks probably point out the limits of its use with as much exactness as the subject admits.

"The good effects of wine are shown by the cheerfulness and hilarity which it excites, by a free perspiration, the mouth not hot or dry; the intellectual functions free and well connected, without rapidity or irregularity. If the quantity is not in excess, the sleep is easy, sound, and undisturbed; the morning not clouded by headache, the mouth not dry, and every occupation, mental or corporeal, resumed with freedom and alacrity."*

Such are the principal effects of wine, when used, as every blessing should be, without abusing it. The same effects, in a greater or less degree, belong to most fermented liquors. The exhaustion of people in health, occasioned from exertion of body or mind, or most other causes, by a proper use of these drinks is usually more speedily removed, than in any other way. If the fatigue has been excessive, by these means the system is often more refreshed within half an hour, than it would spontaneously restore itself within a day, so that it may apply itself again to its occupation with renewed vigor. It besides calms any irritation of the nervous system, producing what Parr calls a sedative effect. Others term this operation *nervine*. Wine is not properly a narcotic, when it is employed in proper quantities. It is this happy combination of its exciting and nervine principles, that makes wine the best cordial ever invented, elevating the system when depressed, and soothing it when irritated, and effecting both objects at once. Its great advantage is, that it removes languor and fatigue, and produces that calm, placid state, which is emphatically termed, in our language, *comfort*. Every one knows the comfort which a laboring man takes, by refreshing himself after his toil by a draught of cider or beer, as well as the comfort which a traveller enjoys over his glass of wine or porter, and the nervine effect of his cigar.

[It may not be amiss to state, that it is for this nervine effect, this calm, placid state, rather than any positive excitement, that tobacco is employed. It is incapable of effecting the excitement of intoxication, and never is employed, unless literally as a medicine, for its narcotic properties. As it is generally used, it is almost a pure nervine.]

* Dr. Parr appears to have been a strict temperance, but not total abstinence, man. It is not here necessary, however, to quote what he says of the excess or abuse of wine, or of its real utility being lessened or destroyed by its free use, since there is no controversy upon these points.

Temperate people never use habitually fermented liquors, as a stimulus for producing high excitement on the one hand, or a narcotic effect on the other. In vulgar language, they do not take them in such quantities as to have them get into the head. They employ them principally as condiments for food, fruits, and other things of the kind, or as nervines to afford them speedy refreshment. Their diluent effects, as well as those of tea and coffee, are rather incidental.—By the way, tea and coffee are both nervines, and tea may be so strong as to be a narcotic, though this operation is not usually perceptible. Coffee is not, probably, narcotic at all.—This refreshing, restorative, or nervine operation of fermented drink, as used by the temperate, only brings the system up speedily to its level, but never exhausts it by producing, what Brown calls, indirect debility. This point seems to be entirely misunderstood, and shockingly misstated by the advocates of abstinence. They infer, because one or two bottles of wine drank at a sitting derange the system, and cause indisposition the succeeding day, that a single glass produces a similar effect, though in a less degree. This is not true. As well might we say, a moderate meal deranges a healthy stomach, since a gourmandizer is liable to be oppressed because he devours food enough at one time to satisfy three or four ordinary men.

The truth is, a speedy restoration after fatigue of body and mind, usually prevents much of the premature wear and tear of the constitution, which is liable to follow a slow, and often imperfect, process of self-restoration, proceeding from mere food and rest. The clergyman, who has preached three sermons on Sunday, if he refreshes himself with a glass of cider, wine or porter, and perhaps with his pipe, will be much less liable to feel the next morning *Mondayish*—to use an expression attributed to Dr. Chalmers—than his ultra-abstinence brother, who has performed the same labor. The same will apply to the lawyer, who has made a plea of several hours in length, and also to the laborer, who has worked at haying or harvesting.

It is true, these refreshing, restorative, analeptic, nervine drinks, would never be needed, if there were never any excessive exertion, that produced sudden and factitious exhaustion. A great number of people, therefore, take little or no drink, except what they use at their meals, as diluents or condiments. But this is not the case with the more active part of mankind. Such is the state of civilized and artificial society, that these daily do actually exert some of their organs, faculties, or the whole system, to excess, so as to exhaust or diminish suddenly their strength. This is an artificial condition, which evidently requires an artificial remedy or restorative.

It has been before observed, it is the most striking part of man's nature, that he should be artificial. In this artificial state in which we are placed, it is impossible for a large body of mankind, and particularly for professional men, to fulfil their engagements, and do their duty, unless they frequently, and often habitually, overdo their strength, by untimely or excessive labor. How are we to meet this wear and tear? The physician can neither take his meals nor his rest regularly, and yet has to labor excessively during a severe and extensive epidemic. This is also the case

of the sailor in a storm at sea, and of the soldier in an active campaign. It is the same in perhaps all the great and arduous undertakings of civilized life. Are these exhausting efforts all wrong? If not, has not Providence pointed out some way in which their debilitating effects upon the actors, in a good degree, may be palliated or prevented? Many cite the Irish, who are a robust set of men, that consider potatoes and milk among their greatest luxuries. But it is well known that Ireland is subject to more wasting epidemics than any other part of the British dominions in Europe. Besides, the Irish, at home, are not a hard laboring people. From a dense population, which makes it difficult to find employment, they probably spend more idle days than any other peasantry, in Europe. When they come to America, they are supported under their labor by all the fulness our country affords. Here, indeed, they often suffer by the sudden transition from a fast to a feast, and many are strongly tempted to abuse the good things to which they have such sudden and easy access. No argument in favor of ultraism, therefore, is to be drawn from the condition of the Irish, whether at home or abroad.

SENEX.

August, 1839.

A NEW PHRENOLOGICAL FACULTY.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 64.]

Those persons who have communicativeness large, in combination with large love of approbation, less self-esteem and firmness, find it difficult to keep a secret, even though secretiveness be well developed. Such individuals take a pleasure in mystery and concealment just so far as they are compatible with the gratification of their communicativeness; they are finely painted in La Fontaine's fable of "*Les Femmes et le Secret.*"

"Rien ne pèse tant qu'un secret :
Le porter loin est difficile aux dames ;
Et je sçai même sur ce fait
Bon nombre d'hommes qui sont femmes," &c.

It is an old remark that the impertinently inquisitive are always great talkers :

"Percontatorem fugito : nam garrulus idem est :
Nec retinent patulæ commissæ fideliter aures."—HORACE.

The fact is easily explained, for inquisitiveness is but a mode of manifestation of communicativeness, and the frame of mind which predisposes to the one, predisposes to the other. The various mental faculties being active, desire gratification; if that gratification is to be obtained by appealing to other minds, they stimulate communicativeness to make known that desire, and a feeble stimulus is sufficient to excite a naturally active organ. The impertinently inquisitive being in general shallow-minded people, and fond of talking, find it easier and more to their taste to seek information by asking questions, than by reading, observation or reflection. Give such a person two facts which plainly imply a third, and

instead of arriving at it by reflection, he will ask a question. The love of talking naturally leads to inquisitiveness, for the loquacious constantly feel the necessity of having something to talk about.

Communicativeness prompts us to address strangers and to form acquaintance, and it is observed that women become acquainted with one another much more easily than men, and that they learn the conversational part of a language quicker. Taciturn people seldom form an extensive acquaintance, unless obliged to do so by their condition in society, or by business considerations. On the other hand, those persons who have communicativeness large and adhesiveness small, often have a very extensive acquaintance without becoming much attached to any one.

In our experimental observations we must be careful not to attribute solely to communicativeness those manifestations which depend on its combined action with adhesiveness, benevolence, &c. An individual who is habitually silent, may take little pleasure in concealment, and be very willing to confide in his friends, and to communicate knowledge from motives of benevolence. The loquacious man, though he tells everything he knows, and frequently more, gets no credit for it, and has no confidants. On the other hand, we must distinguish between that taciturnity which depends on general inactivity of the brain; the habitual occupation of the mind by subjects which cannot be made the topic of common conversation, as the mathematics, abstruse metaphysical questions, &c., and that which depends on a small organ of communicativeness, which may be aptly compared to that passive continence which results from a feeble development of the cerebellum. To escape the various sources of error, it will at first be safest to avoid drawing any conclusions except in marked cases, and even then the modifying influence of the other faculties should always be taken into consideration. The general phrenological development, and the active temperament of the French, cause them to be much more talkative than they would be were their temperament less active and the faculties which excite communicativeness relatively weaker, and those which restrain it more energetic.

Communicativeness is generally quite active and unrestrained in children; hence their talkativeness, and the charming freshness and naïveté of many of their remarks. A little urchin, on being reprimanded by his mother for his loquacity, replied, "Mother, I can't help it; the words keep a coming into my throat, and when I open my mouth they run out."

If such a faculty as communicativeness exists, its organ must be in the situation I have described. It is evidently a propensity, and its natural language serves to show that its organ is in the posterior part of the head. When this faculty is predominantly active, the cranium is thrown backward and the chin advanced. A person who has been waiting for, and is anxious to seize on an opportunity to speak, instinctively makes this gesture. The motion of the head and the expression of the countenance are so peculiar, that when they have once been noticed, it is very easy to recognize them. The natural language of

communicativeness is very well shown in a print called "Too late for the coach." We see a man, his wife and child, and a servant, approaching a gate to meet the coach; but they are too late, as it has already passed. The heads of the man, wife and child are in the communicative posture; the man is swinging an umbrella over his head; and the child, on tip-toe, has his arms stretched out to attract the notice of the coachman; they are evidently very anxious to communicate to him their desire that he should stop.

There is clearly some relationship between communicativeness and concentrativeness. To write or converse in a connected manner on any subject, we are obliged to hold it steadily before the mind, in order that a certain train of thoughts or feelings may be awakened and clothed in words. Now to do this, and continue the effort for hours, as many orators do, some such power as concentrativeness is absolutely necessary, and every one who can think and speak connectedly must possess it in some degree. Without such a power, there could be no connected and logical discourse. Subjects the most heterogeneous would be brought together and spoken of in the same sentence, and nothing can be more irksome than to be obliged to listen to a man who utters every idle thought, and runs from subject to subject, between which there is not the slightest connection.

At present concentrativeness seems to stand alone; its relationship to the neighboring faculties is not very apparent, and on this account many persons find it difficult to conceive that such a faculty exists, or why it should be placed among the propensities. I think that one of its principal uses is to assist communicativeness, and enable us to give forth our ideas in a connected form. To speak connectedly we must think connectedly, and without concentrativeness this would be impossible.

By concentrativeness a connection is established between the powers of the same mind, and by communicativeness between those of different minds. Communicativeness prompts us to make known our thoughts, whether they be good or bad, profitable or useless, interesting or disagreeable; but what is uninteresting to one person, may possess the greatest interest for another, and what is useless to-day may be of the greatest utility to-morrow; it consequently leads to the communication of a great deal of knowledge, which from not possessing any immediate interest or utility, would be lost did no such faculty exist. It is also to this faculty that we owe the invention of language. Nature gives us thoughts and feelings, and by this faculty bids us communicate them; she thus teaches us language in much the same manner that some swimming masters teach their pupils to swim; they throw them into deep water, and bid them take care of themselves. Many theories on the origin of spoken language have been invented by metaphysical writers; but if such a faculty as communicativeness exists, it is evident that any theory which does not recognize its influence and allow it due importance as an innate fundamental power of the mind, must be defective; and this, as far as I know, has never been done. It is probable that articulate sounds were first uttered involuntarily, then from imitation, and

afterwards came to be used for the conveyance of ideas at the instigation of communicativeness gradually enlightened by experience and reflection.

Since adopting my present opinions with regard to the function of the new organ, I have learnt that the question whether there be such a faculty as communicativeness has been proposed by Dr. Elliotson, of London. The only knowledge that I have of his opinions is derived from the following notice in the London Phrenological Journal for June, 1838. The editor, on speaking of the contents of the "Naturalist," informs us that there is in No. 18, "A paragraph on the question whether the tendency to communicate ideas (gossip, &c.) is a distinct faculty of the mind; a question started by Dr. Elliotson in the recent edition of his Physiology. The editor of the Naturalist pronounces in favor of the existence of such a faculty, and suggests the likelihood of its organ being near that of language. We wait for facts; but incline to decide against the existence of any such special organ and faculty for this purpose."—Page 323. As I have not seen the edition of Dr. Elliotson's work referred to, nor the Naturalist, I am unable to say what arguments or proofs they make use of. That there is an organ* situated between adhesiveness and love of approbation, I have no doubt, and several marked cases that I have seen induce me to believe that the function I have ascribed to it is the true one.

August, 1839.

COMMUNICATIVENESS.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 28, 1839.

HARVARD UNIVERSITY.

BEFORE many weeks, the lecture term of the Medical College, in Boston, connected with Harvard University, will commence. Those who have been educated there certainly know how to estimate its elevated course of medical instruction. It seems hardly necessary to recommend the advantages to be derived from a regular attendance at the Massachusetts General Hospital, the Eye and Ear Infirmary, and other charities, which are freely thrown open to students while the lectures continue—and which are not surpassed in the Union. While other schools have undergone changes, sometimes for the better, and sometimes for the worse, the Boston Medical College has remained unaffected and uninfluenced by those commotions which have at times characterized the condition of others. A leading object has always been to prepare those who place themselves under its guidance, to discharge the duties and high responsibilities of professional life, with satisfaction to themselves and the public. It is scarcely possible, after having been graduated with the full approbation of the faculty of this institution, not to be well prepared for the practice of medicine and surgery. To the lasting credit of the Commonwealth,

* Mr. Combe, in reply to a letter giving an account of the new organ and its supposed functions, remarks, "I have seen the region you describe sometimes so deficient as to lead me to suspect that it might be a separate organ."

owing to the vigilance in the system of medical education, and to the influence of the Medical Society, conjointly, the number of those who are not competent is very limited, and the prospect for the future is continually becoming brighter and brighter.

Utero-abdominal Supporter.—Dr. Haynes, of Concord, N. H., has invented a beautiful instrument which he says has been well received in that part of the country, and considered superior to others in use. One of its principal advantages is its elasticity—allowing the utmost freedom of the body, without giving the sensation of restraint, or producing irritation. It also gives a lateral pressure—a desirable circumstance in many cases, which no previous mechanical contrivance has accomplished. Another point of considerable consequence has been gained in the construction of this supporter, of no small consequence to those who are obliged to resort to art for relief, viz., the ease with which it may be fitted on by the patient, without any instruction. We can bear testimony to the beauty of the workmanship, but cannot at once decide upon its positive value without making a trial of it, or obtaining the opinion of some competent person who has the opportunity of comparing it with others. It is pretty certain that Dr. Haynes would not speak with such confidence of the merits of the new supporter, if he were not sure of having achieved a decided improvement. A number of them should be placed at once in the hospitals, and at the disposal of practitioners in this metropolis, with a view of ascertaining their true value. We shall be glad to learn the result of any trials that may be made.

Yellow Fever.—In a letter recently received from an eminent practitioner of New Orleans, the writer says, "It is very early for the yellow fever to make its appearance, and it is impossible to predict its extent; it commences in unusual weather—rain almost daily, since July 1st—the winds easterly, southeast and westerly. Usually, the reverse takes place as respects the weather, but more of this hereafter."

However contradictory the accounts may be in the papers, full reliance may be placed in the assertion of our correspondent, that the fearful disease, the yellow fever, does exist there to an extent and of a character to excite the apprehensions of one who is familiar with that scourge of New Orleans. It is noticeable that nine deaths occurred at the Charity Hospital on the 3d inst.

At Charleston, S. C., the yellow fever also prevails. Notwithstanding the mild name which policy has given it—the *stranger's fever*—it by no means lessens the mortality of a pestilence that seems to hover over New Orleans and Charleston, from year to year, in a way to alarm those whose traffic on the deep obliges them to enter those ill-fated ports. Whether there is always a local cause in existence in those cities, which no art can remove, remains to be ascertained. It is a subject that should engage the serious consideration of the philanthropist, as well as the members of the medical profession.

Jefferson Medical College.—Dr. Geo. McClellan and Dr. Colhoun, the first well known as a talented professor of surgery, and the latter distinguished in the chair of materia medica and pharmacy, have left the insti-

tution. The why and wherefore is quite unknown in this part of the country, and a multitude of students, who have uniformly felt a deep interest in whatever concerns a school which has so suddenly grown up with a giant strength, wait with impatience to know the particulars.

Human Physiology.—A second edition of Dr. Lee's popular treatise for the use of elementary schools, stereotyped, is acknowledged. Some severe remarks were made upon parts of it by one of our professional neighbors, the other day, which we have not yet had an opportunity of examining, but understand that liberal extracts are made from a similar work by Dr. Hayward, without intimating the source from whence they were taken. It may have been unintentional, or the printer's fault; however, a further notice must necessarily be deferred to a future day.

Intermarriage.—Mr. Walker's work—" *The mode in which, and the causes why, beauty, health and intellect result from certain unions, and deformity, disease and insanity from others,*" &c. &c., with numerous plates—a beautiful edition, from the press of J. & H. G. Langley, New York—has been received through Messrs. Weeks, Jordan & Co., of this city. We are at a loss to know what to say of it, and therefore, at present, conceive it will be best to say nothing.

American Asylum for the Deaf and Dumb.—The number of pupils in the institution within the year ending May 11, 1839, was 156—of which 23 were supported by their friends, 19 by Maine, 15 by New Hampshire, 20 by Vermont, 46 by Massachusetts, 14 by Connecticut, 4 by South Carolina, 13 by Georgia, and 2 by the Asylum. But one death has taken place in the asylum during the year. The number of former pupils now known to live in the marriage relation is *seventy-eight*; and the directors say, "we are happy in the belief, that with few exceptions, they are as prosperous and happy, as most other people in the same ranks of life."

Medical Miscellany.—Dr. Ryan, author of a work on marriage, has lately issued another on Prostitution in London. The British and Foreign Medical Review says of it—"It is a wretched compilation, almost as low in its literary qualities as it is loathsome in its spirit and details. We thought it impossible that anything could go beyond the work 'On Marriage;' but the volume before us has shown that even 'in the lowest deep a lower deep' of obscenity and filth remained to be explored." The work on marriage, above referred to, is highly recommended in the last annual report of the American Physiological Society.—A captain, lieutenant, and twelve soldiers are stated to have died at St. Augustine, in consequence of using water from a well into which had been thrown, with a villainous intention, a keg of white lead. Col. Davenport and three surgeons are said to be dangerously ill, from the same cause.—The soldiers suffer greatly in Florida from the climate, and many die.—In the course of a few months Dr. Curtis, the aurist, will be here. He will find that institutions similar to his own, in most of the cities in the United States, manage diseases of the ear quite as successfully as they are treated in the Royal Dispensary of London.—There are fifty-seven persons now

living in the island of Nantucket, who are over four score years old ; males, 21—females, 36.—Dr. Horace Green, of New York, has been appointed professor of Theory and Practice in the Vermont Academy of Medicine. He is said to possess excellent qualifications.—In a letter from Dr. Eve, now in Europe, published in the Southern Medical and Surgical Journal, he says that the climate of Paris has proved very fatal to American medical students. Six died during the winter of 1837–8, and three have died since the 1st of January last.—Dr. Mott, of New York, who, with his wife and nine children, has been several years residing in Paris, expects to return to New York in a year or two. He left home on account of an affection of the heart, but his health is now quite re-established.—The Parisian surgeons do not believe in Dr. Mott's statements to them respecting the success in amputations by American surgeons, on account of those statements being far more favorable than the published statistics of Dr. Norris, one of the surgeons of the Pennsylvania Hospital.

TO CORRESPONDENTS.—A communication from the President of the Albany Medical College has been received, but too late for further notice this week.—Other papers are crowded out this week.

Whole number of deaths in Boston for the week ending August 24, 31. Males, 17—females, 14.

Of consumption, 1—cholera infantum, 3—canker, 1—scarlet fever, 4—lung fever, 1—inflammation of the bowels, 2—hooping cough, 2—dysentery, 1—old age, 1—delirium tremens, 1—pains poison, 1—marasmus, 1—infantile, 3—diarrhœa, 1—intemperance, 2—typhous fever, 1—bowel complaint, 1—quinsey, 1—worm fever, 1—cancerous tumor, 1—stillborn, 4.

THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

THE perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical cure* may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary.

THO. CHADBOURNE, M.D., Concord, N. H.

References.—Amos Twitcheil, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton. A14—

COLUMBIAN COLLEGE, D. C.—MEDICAL DEPARTMENT.

THE Lectures in this Institution will commence on the first Monday in November, and continue until the first of March. During the session full courses will be given in the various branches of medicine, by

THOMAS SEWALL, M.D., Professor of the Principles of Pathology and the Practice of Medicine.

THOMAS P. JONES, M.D., Professor of Chemistry and Pharmacy.

HARVEY LINDSLEY, M.D., Professor of Obstetrics and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of the Principles and Practice of Surgery.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

JOHN FREDERICK MAY, M.D., Professor of Anatomy and Physiology (late Professor of Surgery in the University of Maryland).

J. F. MAY, M.D., Dean of the Faculty.

Washington City, Aug. 4th, 1839.

Aug 14—St

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the 1st Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by

T. SPENCER, M.D., Geneva.

Obstetrics and Materia Medica, by

C. B. COVENTRY, M.D., Utica.

Anatomy and Physiology, by

JAMES WEBSTER, M.D., Rochester.

Surgery, by

D. L. RODGERS, M.D., Geneva.

Chemistry, by

WILLIAM USHER, M.D.

Medical Jurisprudence, by the Professors of Chemistry and Anatomy.

THOMAS SPENCER, M.D., Registrar.

C. B. COVENTRY, M.D., Dean.

Geneva, July 16, 1839.

Jy 31—to

NEW MEDICAL BOOK.

DISEASES OF THE UTERUS; a series of Clinical Lectures, delivered at the Hospital La Pitié, by M. Lefranc, and edited by H. Pauls, M.D. Translated from the French by G. Henry Lodge, M.D.

[See notice of this work in Medical and Surgical Journal July 24.]

It is handsomely printed in 8vo., 400 pages, and price only \$1 75. Published by William D. Ticknor, corner of Washington and School streets, Boston.

Aug 7—

ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.
 EBENEZER EMMONS, M.D., Professor of Chemistry and Natural History.
 DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
 JAMES H. ARMSBY, M.D., Professor of Anatomy.
 DAVID M. MCLACHLAN, M.D., Professor of Materia Medica and Therapeutics.
 GUNNING S. BEDFORD, M.D., Professor of Obstetrics.
 THOMAS HUN, M.D., Professor of the Institutes of Medicine.
 AMOS DEAN, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is \$70. Matriculation fee, \$5. Graduation fee, \$30. Price of boarding, from \$2 50 to \$3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, Registrar.

Albany, July, 1839.

Jy 17—tO

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

THE course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by	JOHN AUGUSTINE SMITH, M.D.
Theory and Practice of Physic, by	JOSEPH M. SMITH, M.D.
Materia Medica and Medical Jurisprudence, by	JOHN B. BECK, M.D.
Chemistry and Botany, by	JOHN TORREY, M.D.
Special and General Anatomy, by	ROBERT WATTS, JR., M.D.
Surgery and Surgical and Pathological Anatomy, by	WILLARD PARKER, M.D.
Obstetrics, by	JAMES R. MANLEY, M.D.

Fee for the whole course, \$108.

New York, July 24, 1839.

J. AUGUSTINE SMITH, M.D., President.

NICOLL H. DERING, M.D., Registrar.

Jy 31—eoptO16

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

THE regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL MCCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUSTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANCOST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, \$15. Graduation fee, \$30.

Aug 7—tN1

JOHN REVERE, M.D., Dean of the Faculty.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
 WALTER CHANNING,
 JOHN WARE,
 GEORGE W. OTIS, JR.,
 WINSLOW LEWIS, JR.

Oct. 31—epuf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, SEPTEMBER 4, 1839.

No. 4.

PULMONARY CONSUMPTION.

FROM CLINICAL LECTURES AT THE UNIVERSITY COLLEGE HOSPITAL, LONDON, BY
ROBERT CARSWELL, M.D.

WILLIAM CALVERT, 40 years of age, was admitted the 13th of this month. He is a tailor by profession; rather of regular habits; both of his parents died of some affection of the chest; he has brothers and sisters who are all healthy; he himself has always been delicate. At the age of 18 he became subject to colds; 14 years ago he had rheumatic gout; when a boy he had frequent attacks of epistaxis. *Three* months ago, having caught a fresh cold from coming out of a warm workshop into the cold night air, he became subject to a cough, more severe than any preceding one, and which was accompanied by occasional hæmoptysis. The blood spit up was usually in streaks in the sputa, but sometimes in clots. The hæmoptysis, when it first appeared, continued for two days, but was not very profuse. It has gradually diminished in quantity and become fainter in color since the commencement of the attack.

On his admission he presented the following symptoms: Pain and constriction across the chest; headache; considerable heat of skin; profuse perspirations at night; alternations of heat and cold; occasional rigors; weakness and pains in the limbs, especially in the knees, which are worse when he is hot. On percussion the sound is *dull* on the right side, under the clavicle; in the same situation, on the opposite side, it is natural. On the same side, viz., the right, on which the sound is dull on percussion, the respiratory murmur is *diminished in intensity*, and is somewhat *rough* or *harsh*. This character of the respiratory sound accompanies not only *inspiration*, but also *expiration*; and, besides, the expiratory sound is greatly increased in intensity, being nearly equal to that which accompanies inspiration. On the left side, that on which the sound on percussion is clear, the respiratory sound is, perhaps, stronger than natural; expiration, however, not being accompanied by a proportionate increase in intensity of the sound to which it gives rise; the breathing is short; pulse 76; appetite bad; bowels confined; flatulency; urine plentiful, but at times high colored.

Taking a general view of this case, we find in it a good illustration of the manner in which the phenomena of phthisis pulmonalis are successively developed, more especially where there is an hereditary predisposition to the disease, as was probably the case in our patient, whose

parents are said to have died of a chest affection, and notwithstanding that his brothers and sisters are stated to be in good health. From his boyhood upwards he has been delicate and subject to colds, and has not got rid of the cough with which he became affected three months ago. This last cough has been accompanied by hæmoptysis, the blood appearing in the sputa, either in streaks or clots. This has gradually diminished, and ultimately disappeared; but it has been succeeded by various constitutional derangements, chiefly febrile symptoms of a hectic character, viz., alternations of heat and cold, occasional rigors, and profuse perspirations. Of these precursory symptoms by far the greatest amount of value, in a diagnostic point of view, is to be attached to the hæmoptysis, as predicating the existence of tubercular phthisis. Its occurrence in this case along with, and after, repeated attacks of cough, increases its diagnostic value; and taken in connection with the local signs which I have enumerated as existing in the right side of the chest, we cannot hesitate to attribute its occurrence to the presence of tubercles in the lungs; as indicating, in fact, three months ago, the existence of tubercular phthisis in this patient. In attaching so much importance to hæmoptysis I do not mean to convey the idea that it may not frequently occur, and to a great extent, independently of the presence of tubercles in the lungs. On the contrary, it is well known that hæmoptysis may be the consequence of disease of the heart or large bloodvessels, and more especially the consequence of deranged menstruation, and other obvious morbid states; but when none of these causes are present, and when it occurs repeatedly, either before or after the supervention of cough, it is of all the symptoms at the commencement or early stage of phthisis, by far the most important as indicating the existence of the disease. Of the value of this symptom of phthisis you will consult with advantage the work of M. Louis, whose labors on the pathology of this disease will afford you much practical diagnostic information.

I may, however, further observe, in regard to this important symptom, that although it most frequently occurs in patients who have, as in the case of our patient, been subject for a variable length of time to cough, it is not unfrequently met with in others who have never had cough; who are, in fact, to all appearance in the enjoyment of perfect health; and in such cases, and in the absence of other causes, is the first symptom of incipient phthisis, or of the presence of tubercles in the lungs; and I may further notice the fact that hæmoptysis is a very rare occurrence, indeed, in catarrh or bronchitis, a fact which gives additional value to its presence as a diagnostic symptom of phthisis.

I have said that the local signs furnished by percussion and auscultation in this case, greatly increased the diagnostic value of the hæmoptysis as a symptom of the early stage of tubercular phthisis. These local signs were limited to the right side of the chest, within a circumscribed space under the clavicle. They consisted of some dulness on percussion; a rough or harsh sound during inspiration; and of a sound nearly as strong, and much of the same character, during expiration. All of you are, no doubt, familiar with the value of the first sign, or

dulness on percussion in the sub-clavicular region, as indicating the existence of tubercles in this region of the chest, this being so frequently the primary seat of these bodies as to constitute a law in regard to their relative frequency in the pulmonary organs. Here, however, the dulness was so slight that it might have been overlooked, or its importance might have been underrated, but for the harshness of the sound which accompanied inspiration, and more especially the existence of an analogous sound during expiration. You are aware that in the healthy state of respiration the sounds which accompany inspiration are the vesicular, bronchial and tracheal; that those which accompany expiration are the bronchial and tracheal. There is no vesicular murmur heard, and even very little of the bronchial sound during healthy expiration. The reason why the sounds alluded to are produced with greater intensity, and in greater number, in inspiration than expiration, is sufficiently obvious if we reflect on the mechanism of respiration. During inspiration the air, as has been remarked by Dr. Williams, is the moving body, and entering the lungs with considerable velocity, impinges against the angles and sides of the bronchi and cells which it has to dilate, and must give rise to sound throughout the whole course of its passage. During expiration the air, on the contrary, is put in motion by the compressed and contracting lungs, and yielding passively to this cause, does not acquire motion or resistance enough to produce sound, until, by the converging together of the small tubes, it is gathered into a current in the larger tubes, where, impinging against their sides with its now acquired velocity, it at length produces sound. Hence you can perceive why sound is heard only towards the middle or termination of the act of expiration, and heard only in bronchi of a certain size; and why it should possess a somewhat hollow and blowing character, rather than the diffuse, soft, vesicular murmur of inspiration, heard over the greater part of the surface of the chest.

I have mentioned these circumstances in regard to the production of sound during inspiration and expiration, that you might perceive more clearly the value of the sign observed in this patient manifested during the latter act. Instead of being feeble, the sound of expiration is increased, and nearly as loud as that of inspiration. Now what is the cause of this, and how is it occasioned? That it depends on the presence of tubercle there seems to be now no longer the slightest doubt, Louis, Andral, and others, having verified the fact since it was first pointed out by the late Dr. Jackson, a young American student, while studying the stethoscopic signs of phthisis in Paris.

As to the manner in which this sound is produced, or becomes perceptible to the auscultator, the following is the explanation given of it by Dr. Jackson :—

“As soon as tuberculous matter is deposited there exists a solid material around the bronchi, which will transmit the sound made by the passage of the air through these tubes. But at this early period of the disease a certain portion of the lung in the part affected is still permeable to the air, and, therefore, the murmur of vesicular expansion, during inspiration, entirely masks the sound of the air passing through the

bronchi, which would otherwise have been transmitted through the denser surrounding medium. During expiration, however, circumstances have changed; the air on passing through the bronchi produces the same sound as on its entrance; and, as now there is no vesicular expansion to mask it, it is easily transmitted through the diseased or condensed part to the ear of the observer."

How far this explanation of the sound in question be the correct one, is a matter of no great importance; its occurrence, under the circumstances which I have mentioned, at an early stage of phthisis pulmonalis, and as indicating the presence of tubercles in the portion of the lung in which it is heard, is certainly one of the most important of the physical signs of this disease.

Before leaving this case I may direct your attention to the sputa, which are peculiarly characteristic of the early stage of phthisis, when not complicated with bronchitis or pneumonia. In this patient they form a striking contrast to those observed in the other patient, in whom the disease is much farther advanced. They consist of a grey or pearly-colored substance, of the consistence of tough mucus or boiled albumen, semi-transparent, collected into rather small irregular masses, swimming in a moderate quantity of a clear watery-looking fluid, or slightly adherent to the vessel in which they are contained. The quantity of the sputa may vary considerably, but in general is not great, and in our patient is small, and is coughed up with considerable difficulty.

These, then, are the principal circumstances to which I have been desirous of directing your attention in this case, viz., the characters of the sputa, the physical signs detected by percussion and auscultation, as signs of the early or incipient stage of pulmonary phthisis, and the hæmoptysis by which it is so frequently preceded.

I shall now make a few remarks on the principle of the treatment which I have adopted in this case; and I may first observe that the case is one which, as regards the stage of the disease, and its limited extent, offers a fair chance of success to any plan of treatment which has received the approbation and recommendation of practical physicians. The plan of treatment to which I now shall allude is that which consists chiefly in the frequent use of *emetics*. Whatever may have been the theory of the disease which suggested this plan of treatment, it was, at a remote period, adopted and recommended by several eminent physicians, as the most successful; and numerous cures of phthisis are reported as having been accomplished under its judicious management. It is a method, however, which was never generally adopted, and must, no doubt, have often sadly disappointed both the patient and the practitioner; and, besides, when we reflect on the very imperfect means which the physicians at the time this practice was most in vogue, possessed of determining the existence of phthisis pulmonalis, or of discriminating between this so frequently fatal disease, and other usually curable diseases of the chest, with which he must frequently have confounded it, we cannot place much reliance on the curative effects of the emetic plan of treatment under such circumstances. No modern physician, qualified for the task, that is to say, capable of establishing the diagnosis of tubercular phthisis by means

of its *physical signs*, has, as yet, so far as I am aware, given this plan of treatment a fair trial, or furnished us with facts deserving of the slightest confidence.

If the result of my researches on the seat and nature of tubercle is founded on fact, it affords some grounds for the rational hope that the cure of pulmonary phthisis may be promoted or facilitated by the employment of emetics. If, as I have endeavored to prove, the tuberculous matter which constitutes the material cause of the disease, is contained principally, or in the great majority of cases, within the air-cells and minute bronchi, it is easy to perceive that its expulsion will be effected or promoted by the employment of such means; that the destruction of the pulmonary tissue will be less likely to occur, or occur less extensively; and that time may be afforded for the correction or removal of that state of the constitution on which the formation of the tuberculous matter essentially depends, and without which the cure of the disease would in vain be attempted. The employment of emetics, under circumstances so unfavorable as those in which patients are placed in hospitals, will, I am afraid, be attended by disappointment, as, whatever efficacy they may possess in effecting the dislodgment and expulsion of the tuberculous matter, we cannot, at the same time, obtain that assistance from other means derivable from the well-regulated influence of temperature or climate, including pure air, exercise, and a variety of hygienic conditions which conjointly contribute to the same end, and more especially towards the removal of the tubercular diathesis.

As, however, the case which has given occasion to these remarks presents a favorable opportunity for trying the efficacy of emetics, half a grain of the tartarized antimony, in solution, has been ordered to be taken every morning, and to be repeated, if necessary, until vomiting has been produced. The bowels to be regulated by the occasional use of a calomel and colocynth pill; and for the present the patient is to be confined to low diet. The result of the treatment will be made known to you, and I would request you to observe for yourselves, and to examine the chest of the patient with care, that you may fully appreciate the importance of the physical signs which announce in him the existence of phthisis.

I shall now detain you only for a few minutes with a very brief outline of the case of William Calvert, a portion of which I laid before you on a former occasion. You will recollect that this was a case of incipient phthisis, the physical signs of which I detailed to you at some length, as they served to characterize, in a peculiarly striking manner, the early stage of tubercular phthisis.

I considered this a case affording a good opportunity for testing the curative influence of the emetic method of treatment of tubercular phthisis, and therefore resolved on giving it a fair trial. The patient was ordered half a grain of tartarized antimony, in solution, every morning, and to be repeated, if necessary, until vomiting was produced. This treatment was continued for a week, vomiting always following the use of the medicine. It was then omitted, and for a considerable time,

in consequence of the distress and weakness which followed its operation, and of which the patient complained very much. It was, however, repeated on three separate occasions, at some interval of time, the following remedies having been employed during the greater part of the time the patient was under treatment, with the view of facilitating expectoration, and allaying the bronchial irritation and cough, viz.:—A draught, three times during the day, composed of twenty minims of ipecacuanha wine; ten minims of the tincture of squill; twenty minims of the tincture of henbane; and six grains of the bicarbonate of soda in ten drachms of water; and two pills at night, composed of five grains of Dover's powder, and two of henbane. The patient was kept for some time on low diet, but, as his condition improved, he was allowed middle diet, and afterwards full diet. Towards the end of the treatment, when the cough had subsided, and the patient complained much of weakness and deficient appetite, he took for some time a grain of the iodide of iron in an ounce of the infusion of absinthium. In consequence of the occurrence of slight rheumatic pains, the iodide of potassium was substituted for the iodide of iron, under the use of which the patient improved considerably in strength.

The cough and expectoration underwent little improvement till towards the end of the treatment. At this time there was only slight cough in the morning, and followed by the expectoration of a small quantity of greyish mucus.

On examining the chest the day before the patient left the hospital, there was no perceptible difference, on percussion, beneath the clavicles, on either side. The vesicular murmur, however, was feebler in this situation on the right side; but the increased sound of *expiration* formerly heard in this part had entirely disappeared. In this respect, as well as in respect to the sound yielded on percussion, there was no difference between the two sides of the chest.

I will not venture to assert that we have in this case an example of the cure of tubercular phthisis, but the evidence is unobjectionable that the physical signs which accompany the early stage of this disease, and which were repeatedly recognized in this case, disappeared, or had nearly disappeared, when the patient left the hospital. I say had nearly disappeared, for the respiratory murmur had not yet regained its natural degree of strength, nor had the cough altogether ceased. And, however obvious the improvement that has taken place, even in such a favorable case as this, in respect to the local affection, I cannot but fear the return of the disease in an individual, whose situation in life does not enable him to obtain and employ the means best calculated to improve and render permanent the advantage he has already gained.—*Lon. Lancet.*

"THE TOBACCO QUESTION."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It was said of old Mrs. Lethbridge's great bible, that one might open it at any place, from Genesis to Revelation, and take a pinch of

yellow snuff from between the leaves. So at this time with our journals and periodicals; take up, open at random, and if you do not hit upon yellow snuff, ten to one you will find tobacco. Everybody writes or talks about tobacco; its salutary and injurious effects are strenuously contended for by our most experienced and able physicians, clearly demonstrating that upon this subject, as well as on many others, *the learned differ*. And why should they not? This has ever been debatable ground, since the early puffs of Sir Walter the smoker. But inasmuch as I verily believe that some good will result from the discussion, I also have concluded to add my mite to the general contribution. As I have taken no side in the controversy, have no opinion to support, nor theory to defend, I think I may expect to escape the charge of partiality.

Although this discussion has taken a wide range, I shall confine my inquiries to a single question, which seems to me of more importance than any other that can grow out of the subject, because it is of more general concern; viz.—*Does the habitual use of tobacco shorten the life of man?* As I wish, above all things, to be concise, I shall merely give a few statistical facts, without comments, with a hope that others may adopt a course somewhat similar.

In the first place, I made a list of the names of the oldest men, dead or alive, within the circle of my ordinary practice, looking back some 20 years. Thus far names and ages were the only objects of inquiry. The materials for this list were derived from bills of mortality, tradition, tombstones, and family records.

The next thing to be ascertained was, which of these individuals were, and which were not, in the habit of chewing or smoking tobacco.* This I found to be less difficult than I had anticipated, as a large proportion of the consumers were known to be such by the store-keepers who deal in the article.

The list contains the names of 67 men, from 73 to 93 years of age; average age, 78 and a fraction. After patient inquiry, never having received a guess as evidence, I arrived at the following result, viz.:

Smokers or chewers,	-	-	-	-	54
Non-consumers of tobacco,	-	-	-	-	9
Doubtful, or not ascertained,	-	-	-	-	4
Total					67

How much longer these men might have lived without tobacco, it is impossible to determine.

I have heard of one case, and one only, accompanied with satisfactory evidence, where life was prolonged by the use of tobacco.

At the ever memorable battle of Bennington, there stood in the ranks a New Hampshire militia man, by the name of Jonathan Wheeler. This Jonathan was a man of Herculean strength, with red, bushy hair, a peculiar squint of the eye, and with fighting propensities strongly developed; he was, moreover, a dead shot, cool, deliberate and calculating. He was prepared for action; in his cartridge-box were 24 rounds

* These inquiries have not been extended to snuff taking. No medical man, at this day, advocates the use of snuff, although it was "highly recommended" some 30 or 40 years ago, by an old Professor at Cambridge.

of ball-cartridges ; in his canteen, a pint of potato-whiskey ; in his breeches-pocket, an iron tobacco-box of ample dimensions, which had once belonged to his grandfather, old Adonijah Wheeler, of Scataquog. When the heat of battle was over, and Jonathan found time to take a quid of the tranquillizing weed, upon drawing the box from his pocket, he found, with astonishment unutterable, the indentation of a musket ball upon the lid. His trusty box had received the charge of some sharp shooter, and in all probability prolonged the life of as brave a fellow as ever swung a knapsack.

If this case is not worth sending down to posterity, please give it a clip with scissors editorial, and reduce the length of this communication.

Billerica, August, 1839.

Respectfully yours,
Z. HOWE.

ALBANY MEDICAL COLLEGE AND THE THOMSONIANS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A notice appeared some time since in the American Medical Library, which has been copied into the American Journal of the Medical Sciences, headed the "Albany Medical College and the Thomsonians." As this notice might convey the idea that some especial connection exists between this College and the Thomsonian doctors, and is calculated to lead the public into error, we have thought proper to make the following explanation of the matter.

The Thomsonians, during their meeting in Albany, requested permission to visit the Albany Medical College, which was granted to them as to other persons who apply for the same favor. While there, they expressed to Dr. March their intention to recommend to their students to acquire a more thorough knowledge of "anatomy, physiology, surgery and chemistry," and asked on what terms they would be received into the institution. Dr. March replied that they would be received on the same terms as any other persons. It was neither intended by Dr. M., nor supposed by those who made the inquiry, that the Thomsonian students would be admitted to graduate, or be allowed any privileges which they would not enjoy in any other medical institution. For we suppose that no institution would refuse to admit an applicant to attend the lectures, simply because he might be a student of a Thomsonian doctor.

The Charter of the Albany Medical College expressly enjoins, among other requisites for graduation, "that the student shall have pursued the study of medical science for at least three years after the age of sixteen, with some physician and surgeon duly authorized by law to practise the profession ;" so that it would be out of the power of the faculty and trustees to grant degrees to Thomsonian students, even if they were disposed to form an alliance with them, such as, from Dr. Dunglison's remarks, he seems to suppose exists. Any other privilege but that of graduation, they would enjoy in common with other students in the Albany Medical College, as in other medical colleges in this country.

This explanation would have been made on the first appearance of the

"Resolutions in the Albany Evening Journal," but it was then supposed that the publication would not be noticed out of the city of Albany, where the whole matter was sufficiently understood. But since it has made its way into two of the most respectable journals in this country, the trustees deem it proper to correct the erroneous impressions to which it might give rise.

Respectfully yours,

August, 1839.

JARED L. RATHBONE, *Pres't.*

MACROTRYS RACEMOSA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Accompanying this, I send a specimen* of the *Macrotrys racemosa* (bug bane, black snake root, cohort), described by Professor Eaton in the following manner. "Calyx about four-leaved, becoming colored before expanding, caducous; corol, many minute petals, very caducous, or wanting; stigma simple, sessile, curving towards the gibbous side of the germ; capsule 2-valved, dehiscent at its strait suture. Leaves decom-pound; leaflets oblong-ovate, gash-toothed; racemes in wand-like spikes; capsules ovate." It is a beautiful plant, rising to the height of from three to nine feet, and grows in abundance and very luxuriantly in the woods and by the sides of fences in Norwalk, Ct., where I formerly resided. Its flowers are white and very delicate, arranged along several spiked racemes at the upper end of the scape. The plant became so much a favorite with me, that I brought a root with me to this place, which is now growing finely by the side of my house. I send you a single spike of the flowers and the middle division of the decom-pound leaf. I have never seen it growing in this State.

It has lately become a very popular remedy in coughs. I have found it useful in several cases where the cough had been protracted and severe; in some of which it was entirely removed by this remedy alone. I have found it particularly useful in the chronic cough which sometimes attends old people.

It has been thought, too, by some eminent physicians, to be a substitute for ergot in parturition, being dissimilar, however, in its *modus operandi*; relaxing the parts concerned in labor, thereby rendering short and easy, what otherwise might have been a protracted and painful labor. From what I have seen of its effects, I am led to conclude that it possesses such virtues. I hope it may have an extensive and thorough trial in the above-named cases.

The part used is the dried root, finely pulverized, given in doses of 1 drachm from 3 to 5 times per day.

Respectfully yours,

Unionville, Ms., Aug. 12, 1839.

E. G. WHEELER.

PERSICARIA URENS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It appears to me that the properties of this plant have not been duly appreciated. A short description may be found in Quincy's Dis-

* The specimen spoken of by Dr. Wheeler is left at the office of the Journal, for the inspection of those who take an interest in the subject.—Ed.

persicaria, published in 1742. After entering into a distinction between *Persicaria non maculata* and the *Persicaria suc maculosa*, he proceeds to say that "In scorbutic cases, hypochondriac affections, and all disorders from a sluggish circulation of the fluids, it may be found highly useful. Etmuller said that the English have it so much in esteem as to use it in the belly-ache, cholic, scurvy, spleen, and all chronic diseases. Mr. Boyle greatly commends its distilled water in the stone, and in that opinion he agrees with many who have valued it among their secrets for its efficacy in such cases. Also externally applied to dissipate bruised blood." "It is said to be antiseptic, diuretic and aperient."

Fountain, in writing on diseases of irritation, in the *New York Medical Journal*, Vol. V., pages 410 and 411, said (under the head of *Purpura urticans*), "After he had used various remedies in the case of a female patient to no purpose, a neighboring quack said to her that he could cure her in twelve hours. She consented, and he fulfilled his promise. He fomented her legs an hour or more with a strong decoction of the *polygonum persicaria*, and bound a large quantity on the affected parts. On removing it, twelve hours after, not a vestige of the complaint was to be seen."

My own experience, for many years, of its medicinal powers, goes to corroborate in a measure the above ideas of its therapeutic operation. I have used the *Persicaria urens* in many obstinate cases of tympanitis and flatulent colic, with the best effects in every instance. I order a strong decoction to be used every three or four hours, according to the urgency of the case, by applying it over the abdomen, assisting its operation by an enema, and freely using a drink of the same. I have also found its external application to have succeeded much better than the terebinthian liniment, in cases of chronic erysipelatous inflammation peculiar to the extremities of aged people. I say chronic, for I have considered it proper to suffer the acute stage of the disease to pass over before using the *polygonum*.

Respectfully yours, &c.

Middle Haddam, Ct., Aug. 19, 1839.

N. SMITH.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 4, 1839.

MEDICAL BOTANY.

By referring to a communication in another part of this *Journal*, the reader will find that Dr. Wheeler introduces to the notice of practitioners an indigenous plant, which, according to his opinion, possesses very valuable properties. It is worth while to have the subject thoroughly investigated by those who have an opportunity of testing the efficacy of the plant in protracted parturition. If it is less dangerous than the ergot, and equally certain in its action, it is destined to have a conspicuous place in our *materia medica*. Another article has also been advantageously used by a Connecticut correspondent, as will be seen in a preceding page, which likewise merits more general attention. Medical

botany is not pursued with that ardor in this country, at present, which it merits. Plants without number abound in field and forest, whose medicinal character is quite unknown. If Dr. Lee meets with sufficient encouragement in the great work he proposes, a hope is entertained that he will be more thorough than those who have gone before him. He will have the advantage of possessing all that others have written, and facilities for conducting inquiries throughout the United States, which no other individual in that department of science ever enjoyed.

Dr. Gallup's Institutes of Medicine.—Amongst the bibliographic notices of the New York Journal of Medicine and Surgery, a writer, under the signature of J. A. S., consigns the venerable Dr. Gallup's two volumes to fire and faggot, without having read them. Is this the true way of writing criticisms? "We do not pretend to have read the above work," says this candid commentator, and we verily believe he speaks the truth. "A very few pages at the beginning, an occasional paragraph in the middle, and a hasty closing of the book at the end, with a willing determination never to meddle with it again, is all we have been able to accomplish." We hope that this wholesale and unfair process of exciting a prejudice against Dr. Gallup's labors, will not succeed. That the work far outweighs in character a host of imperfect things in the shape of medical books, which are elaborated every day in the week, will be acknowledged by those who honestly investigate its claims. The fact is, Dr. Gallup must be read with fixed attention;—this J. A. S. manner of skipping from the title page to the middle, and from thence to the word *finis*, would answer well enough for a directory, but will not do in studying the laws of life.

It is very amusing, doubtless, to find fault when one imagines that he has extraordinary powers for detecting errors before they are discovered. We are still impressed, as we were at first, with the intrinsic excellence of Dr. Gallup's researches—and we still believe that his name will be transmitted to posterity in the pages of the "Outlines of the Institutes of Medicine," when those who are always ready to put out a light, are forgotten in the lumber of accumulating centuries.

Thomsonian Students.—A communication will be noticed in to-day's Journal, from the president of the Albany Medical College, explanatory of the invitation of the faculty, to the quacks assembled at Albany, some months since, to examine the College. We are well satisfied, from this letter, that the idea of coalescing with the Thomsonians, or incorporating them with their own scholars, by way of increasing the professional emoluments, was not thought of—and it is therefore exceedingly to be lamented that some of the medical journals have put a wrong construction, rather indirectly, upon the motives of those professors who were only civil to a number of ignoramuses in medicine, who happened to be engaged in the ridiculous farce of a Thomsonian convention. Now if these Ishmaelites in medicine would attend the lectures of the colleges, it would be the happiest circumstance imaginable, for it would be the very means of overthrowing themselves. Only let them be taught, and well taught, and it would be a death-blow to the whole lobelia fraternity. Instead of condemning the college, therefore, for an indiscreet act, thus far Dr. March is deserving of commendation for his philanthropy—for it could be nothing short of it, to propose to instruct Thomsonian pupils.

Worcester District Medical Society.—Officers for 1839. Edward Flint, M.D., Leicester, *President*; Benj. Hayward, M.D., Worcester, *Vice President*; John S. Butler, M.D., Worcester, *Secretary and Librarian*; W. Workman, M.D., Worcester, *Treasurer*. Meetings are held the 1st Wednesday of October, and the 2d Wednesday of January, for the purpose of hearing reports of cases or receiving communications on medical and scientific subjects. Dr. Woodward, of the State Lunatic Asylum, will deliver a dissertation on the next anniversary meeting, the 3d Monday in June, 1840. The present number of fellows is fifty. There is a respectable and increasing library, the meetings are well attended, and the influence and interest of the Society are constantly increasing. It is exceedingly honorable to the practitioners of the beautiful and enterprising county of Worcester, that they have successfully organized and fully sustained the character of the association.

Lowell Medical Association.—By the rules and regulations of the associated practitioners of the city of Lowell, organized in March last, a stated meeting is to be held annually on the first Monday of January. The system of government adopted is similar in character to the Boston Medical Police, and if the members live up to its requisitions, they will have peace and good fellowship as long as the society exists. It strikes us that the fee-table should have higher rates of charging. A physician must necessarily pay about as much for his living in Lowell as in Boston, and the compensation for his professional services should there, as well as here, be proportioned to his expenses.

Extraordinary Power of Memory.—A boy, whose name is Gustave Adolphe Bassle, born at the Hague in 1826, has very much astonished the learned in London, by the strength of his memory. In the presence of many persons, the present season, he answered extremely difficult and perplexing questions in history, geography, mythology, and natural history, besides various other departments of knowledge, embracing the sciences. He then correctly repeated 155 figures—and without hesitation told which was the 46th of these figures, which the 28th, 115th, and so on. A table of 40 figures was then speedily drawn up and presented to him; in less than five minutes he repeated the whole series, from first to last, without making a single error.

It is pretended that a system has been discovered by which any one may acquire this great power of memory, by a few simple lessons of only one hour each. What is still more singular, it is represented that the rules may be applied with facility for the acquisition of languages. Some manipulating phrenologist will, by-and-by, show us that the thing is impossible, without a cerebral organization equal in all respects to the brain of Gustave.

M. Ricord's Practice in Phimosis.—He marks out with ink upon the skin of the prepuce, the situation of the dorsum of the corona glandis; a little in front of this mark he draws two other lines, diverging as in the figure of the letter >, reversed, and meeting below the frenum; laying hold of the prepuce with a pair of forceps behind these lines, he, with one sweep of the bistoury, removes the whole; the mucous membrane is then cut as far back as the edges of the retracted incision in the

skin. In the next place he divides the frenum of the prepuce, and either ties or cauterizes with the nitrate of silver the wounded artery.

M. Ricord is very anxious to impress upon the minds of his audience the necessity of securing the artery of the frenum, either by a ligature or by torsion. If it is attempted to do so by caustic, the surgeon should take care to wipe the end of the vessel quite dry before he applies the caustic, preventing the bleeding by compressing the posterior part with his fingers.
—*London Lancet.*

Division of Tendons.—The following exceedingly curious passage from an ancient diary recently published, shows that the operation of dividing the tendons of contracted muscles was performed nearly two centuries ago in England.

"The mountebank that cutt wry necks, cutt three tendons in one child's neck, and hee did itt thus: first by making a small orifice with his launcet, and lifting upp the tendon, for fear of the jugular veins, then by putting in his incision knife, and cutting them upwards; they give a great snapp when cutt. The orifices of his wounds are small, and scarce any blood follows; some are wry neckt from the womb, they only lay on a melilot plaister to heal the wound, the plaister must bee a fresh one every day. As for the symptoms of this cutting, they are only these: that about a day or two after, the child will be sickish, some humour falling on the stomach of itt, as the mountebank says. When hee hath cutt itt, he bends the child's neck the other way, and putts on a capp, and a fillet tied to the capp, and so ties itt under the arme pitts, and so by constant bending the head that way, itt becomes straight and upright."

Belladonna Plaster in Nervous Palpitations, Irritable Bladder, &c.—Dr. Simpson, of the York County Hospital, uses a belladonna plaster over the region of the heart, to quiet violent palpitation; and Dr. Laycock says that he has found the application very successful, especially in nervous palpitation. Dr. L. states also that the belladonna plaster will relieve irritable bladder and neuralgia or irritability of the rectum. The plaster should be made with the pure extract spread on lint or leather, and applied moist to the sacrum or perineum. Dr. L. thinks that an opiate plaster made with powdered opium and soap qerate, is more efficacious than belladonna, especially in irritable bladder; it will, sometimes, enable a person to rest undisturbed during a whole night.—*London Med. Gaz.*

Convention for the Revision of the Pharmacopœia.—We are informed that Delegates have been already appointed to the Medical Convention for the Revision of the Pharmacopœia, which is to meet in Washington in January next, by the Medical Society of New Jersey, the University of Maryland, the College of Physicians of Philadelphia, and the Rhode Island Medical Society.—*American Jour. Med. Sciences.*

Memorial to Congress to Enact a Law for the Transmission of Vaccine Virus by Mail free of Postage.—We have received a letter from Dr. Jas. Magoffin, Jr., of Mercer, Mercer County, Pennsylvania, in which the writer states that he has obtained the signatures of a number of the phy-

sicians in his neighborhood to a memorial to Congress, praying the enactment of a law for the conveyance of vaccine matter by mail free of postage; and he urges the making of a corresponding effort by the physicians of this city and elsewhere. The object is certainly a useful one and deserves the active co-operation of the profession throughout the country.—*Ibid.*

Yellow Fever at Charleston.—Up to the 20th ult. 71 cases of yellow fever had been admitted to the Marine Hospital at Charleston, 16 of which terminated in death, and 55 in recovery. Either from superior treatment, or some other cause, the number of deaths in Charleston, by yellow fever, in proportion to the number of cases, is but little more than half that of New Orleans.

Health of New York.—Week before last the report of the City Inspector recorded 203 interments—28 men, 32 women, 68 boys, 75 girls. The aggregate exhibits a degree of general health in the city, which is highly gratifying; while, at the same time, the number of deaths of females exceeds those of males. Cholera infantum carried off 39, dysentery 15, diarrhœa 15, consumption 22. Of the whole number, 162 were natives of the United States, and 26 of Ireland.

Medical Miscellany.—A lady, of Kensington, on the 17th ult., had four sons at a birth, who are all doing well.—David D. Owen, of Indiana, has been appointed Geologist to the United States.—There were sixty students the last term of the medical department of the University of Virginia; and forty-eight at Hampden Sidney, Richmond, Virg.—The editor of the American Medical Library cautions his readers against the 3d edition, or any edition now published, of Dr. Ryan's Formulary, which is full of inaccuracies.—Obstinate cases of bilious fever are prevalent in many parts of Virginia.—A violent kind of dysentery, says a country paper, has very much alarmed the inhabitants of Springfield, Vt. It is represented to be somewhat like the Asiatic cholera. Several deaths had occurred at the last accounts.—On the 15th ult. 24 cases of yellow fever were admitted at the Charity Hospital, New Orleans, of which 5 died. The day before, there were 10 deaths.—Only 5 prisoners died the last year in the House of Correction, at South Boston, out of the great number of over six hundred persons sent there by different courts—which is certainly complimentary to the Board of Overseers, who are both vigilant and humane, and to the physician who has the care of the hospital.—Young surgeons are receiving peculiar encouragement in the government service of Egypt. In Turkey, too, the English surgeons are well paid, both in the army and naval service.—Dysentery, produced by crude fruits, is now quite common in many parts of New England, and particularly among small children.—Drs. Geo. Capron and H. W. Rivers have opened an institution at Providence, R. I., for giving gratuitous advice in diseases of the eye and ear. Every institution of the kind should have Dr. Dix's apparatus for cleansing the Eustachian tube—an admirable contrivance. His office is in Court street, Boston.—A fatal dysentery has carried off 22 persons in the parish of Point Clare, island of Montreal.—The British government furnish their navy with 235,000 gallons of rum and 40,000 pounds of tobacco, annually. The navy consists of 20,000 men.—The

medical department of the Cincinnati College is to be suspended. The professors have resigned, and the faculty, it is said, will not recommend successors.—A colored woman, named Marie Geanne Robin, died in New Orleans, on the 14th ult., at the very advanced age of 107 years and 5 months. She never took medicine of any kind.—Mr. Malcom says that the custom of blacking teeth in Burmah is almost universal. It is done generally about the age of puberty. The person first chews alum, or sour vegetables, several hours, after which a mixture of oil, lampblack, and perhaps other ingredients, is applied with a hot iron. When done by the regular professors of the art, it is indelible.—In a recent case of extirpation of the eye, M. Velpeau operated without removing the lachrymal gland with the eye.—A calculus, weighing 3 ounces, was lately removed from a female in Paris by M. Velpeau, by the vesico-vaginal section, being the first time this operation has been performed in Paris, though not the first time in France.—Dr. Griscom's Treatise on Animal Mechanism and Physiology has been published at New York, by the Messrs. Harpers, making the 85th volume of the Family Library.—Dr. Parker, in the Medical School of the city of New York, recently placed in the chair of surgery, will also lecture on pathological anatomy.—Dr. Gross's new work on pathological anatomy is looked for with anxiety. Messrs. Marsh, Capen & Co., the publishers, are driving it through the press, we understand, with all possible despatch.—Dr. Griffith, of the University of Virginia, will soon resign his professorship in consequence of ill health. He expects to visit the West Indies.

Whole number of deaths in Boston for the week ending August 31, 39. Males, 22—females, 17.

Of consumption, 4—drowned, 1—old age, 1—typhous fever, 1—inflammation of the bowels, 3—dropsy on the brain, 2—sudden, 1—fits, 2—disease of the heart, 1—child-bed fever, 1—bowel complaint, 1—cholera infantum, 3—dysentery, 4—infantile, 2—casualty, 2—scarlet fever, 1—murdered, 1—hooping cough, 1—canker in the bowels, 1—delirium tremens, 1—bilious fever, 1—debility, 1—stoppage in the bowels, 1—lung fever, 1—stillborn, 4.

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well inguinal, Vento-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from \$1 50 to \$4 00, according to size and finish. To physicians those of men's sizes will be sold at \$2, 2 25, 2 50, 2 75, and \$3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21—

M. R. FLETCHER.

MEDICATED VAPOR BATHS.

PHYSICIANS are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, astringent, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerriah, No. 14 Franklin Place, Boston.

Aug 21—

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Resolved, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—iN

MEDICAL INSTITUTION OF YALE COLLEGE.

THE Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

BENJAMIN SILLIMAN, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
ELI IVES, M.D., Professor of the Theory and Practice of Physic.
WILLIAM TULLY, M.D., Professor of Materia Medica and Therapeutics.
JONATHAN KNIGHT, M.D., Professor of the Principles and Practice of Surgery.
TIMOTHY P. BEERS, M.D., Professor of Obstetrics.
CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are \$12 50 for each course, except that on obstetrics, which is \$6. The matriculation fee is \$5, and the contingent bill for the course on chemistry, \$2 50. The expense of a full course, therefore, is \$76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is \$15.

CHARLES HOOKER, Secretary.

Yale College, August 1, 1839.

Aug 7—6t

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.	JACOB BIGELOW, M.D.	JOHN RANDALL, M.D.
RUFUS WYMAN, M.D.	WALTER CHANNING, M.D.	ENOCH HALE, M.D.
GEORGE C. SHATTUCK, M.D.	GEORGE HAYWARD, M.D.	JOHN WARE, M.D.

At the annual meeting of the Committee, on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the pathology and treatment of Rheumatism," with the motto "*Frustra fatigamus remedia ægros;*" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "*Kunst macht Günstig.*" On opening the accompanying sealed packets, EDWARD WARREN, M.D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz.:

1st. "The pathology and treatment of Typhus, and Typhoid, Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz.:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the Teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

A14—4t

Boston, August 7, 1837.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, SEPTEMBER 11, 1839.

No. 5.

GENERAL REFLECTIONS ON CHRONIC DISEASE.

BY P. SPALDING, M.D., BROOKLYN, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

THE science of medicine is not conjectural, but founded in nature, requiring only a series of correct observations and experiments to reduce it at least to an ordinary degree of perfection. The blandishments of theory, and preconceived notions of disease, arising from hasty conclusions upon insulated facts, must yield to experiment made for the express object of investigating the seat, nature, degree and treatment of disease, or our science must fall from its present elevation, and its cultivation be disregarded. It is believed that much of our theory in medicine is founded upon false data, and that erroneous views of disease and principles of practice have had a powerful influence in leading the mind to overlook many of the minute and more interesting phenomena of nature, which are eminently calculated to direct the mind into the true paths of medical inquiry.

Chronic disease is a subject which most interests the physician, not only because he finds it so difficult to remove, but more especially as it furnishes the field for the great class of empirics that have arisen in the present age, denying the wisdom of the learned and the skill of the most experienced.

The object in this communication will not be to go into a thorough investigation of chronic disease, but simply to throw out a few hints, hoping thereby that the attention may be excited of some who have not carefully investigated its character. The term chronic is derived from the Greek word *chronos*, meaning time, and is applied to that class of diseases which are of long standing, and not attended with acute action. By some it is used synonymously with sub-acute; but as the latter may exist and be of short duration, not attended with the functional and textural derangement of the former, there is good reason why there should be a distinction. The following considerations are offered to establish the fact that chronic disease is local, dependent upon local sensibility and irritation, and that all successful treatment is predicated upon this fact.

1. All actions, whether diseased or healthy, acute or chronic, are either general or local. If the former, then they must partake of one nature; if the latter, they may differ.

2. As the system is composed of organs differing in sensibility,

structure and function, their action, either in health or disease, must vary and be local, or connected only by general influence. That the sensibility of one gland differs from the sensibility of the others, is certain, and for this reason its action upon the blood is such that urine, bile, milk, saliva, semen, &c., will be secreted according to the structure and function of the organ which acts upon the blood. Nerve, bone, muscle, membrane, gland, have an organization, sensibility and function peculiar to themselves, rendering them susceptible at all times of being locally affected.

3. Local action exists almost entirely independent of general influence, as is manifest in the growth of the hair, nails and beard. If the growth of these textures were not dependent upon their own peculiar sensibility, why should it continue after the general circulation has subsided, and the animal functions are entirely destroyed? The function and growth of the testicle, uterus and mamma, depend upon their organic sensibility and contractility. The condition of the system, particularly at the time of their development, and the phenomena attending the exercise of their functions, demonstrate most clearly local action. The growth of the horns of animals, the union of parts entirely separated from the system, the transplantation of the spurs of the cock into the comb, and the removal of the feathers of birds of one species into those of a different species, illustrate most clearly local action. The mucous membrane, in its sensibility and function, differs from the serous; the fibrous and synovial, from both.

4. Change of sensibility in an organ induces diseased action independent of general influence. Hence an exalted sensibility of the serous membrane causes a preternatural effusion of serum; and if we may credit pathologists, the sensibility is so altered as to produce an affusion or exhalation of blood, independent of a rupture of the vessels. We also see this principle exhibited in disease of the liver, where the bile is not only changed in quantity, but becomes very acrid, so as to prove an unnatural stimulus to all the organs with which it comes in contact. The same is exhibited in disease of the kidneys, stomach, and other organs, evincing local action.

5. By a careful examination of the symptoms and pathology of disease, it will be found that most, if not all, the alterations from health in the human system, are local actions, dependent, however, upon general influence, being the result of that unknown principle termed life, which pervades every fibre of the animal economy, and produces all the phenomena of organized bodies. There can be but little if any doubt as to the locality of that class of diseases, termed by Dr. Good, *phlogotica*. Under the genus *empresma* we see a variety of diseases affecting the general circulation and functions of life, which, under the knife of the anatomist, are resolved into local diseased actions. Pneumonitis perhaps exhibits as many general symptoms as any one disease belonging to this genus. The structure, situation and function of the lungs, render it absolutely certain that the system will extensively sympathize in their affections; but however manifest the constitutional symptoms, careful observation establishes their local origin. Pain in

the side, difficulty of breathing, especially in the recumbent posture, expectoration of mucous blood or pus, cold chills, hot dry skin, accelerated pulse, are usually the rational symptoms which characterize acute inflammation of the lungs. Chronic inflammation is attended with the same general symptoms, as is manifested in phthisis pulmonalis. Any one conversant with disease of the lungs, either acute or chronic, readily admits that it commences, continues and terminates here, or in parts internally connected by contact or sympathy. The general affection is symptomatic, it must be so from necessity; but the disease is seated in the lungs, and usually remains there until health is restored or death takes place.

Whether the inflammation is in the mucous membrane of the trachea, bronchia, air vesicles, or in the parenchyma of the lungs, dissection always exhibits local disease as the immediate cause of death; and if our opinions are made up from evidence, the phenomena attending either acute or chronic disease of the lungs are sufficient to establish its locality. It is true that other parts may become affected through sympathy, or exciting causes, as the mucous membrane of the alimentary canal in the last stage of phthisis; but this does not invalidate the doctrine of local disease. It is unnecessary to observe that in enteritis, peritonitis, cephalitis, and all the other phlogotica, analysis always proves them to be local affections.

Necrosis is a local disease. When acute, we observe constitutional excitement as distinctly as in most fevers, which are termed general affections. In this stage there are heat, pain, chills, furred tongue, increased hard pulse, &c.; but the same is observed in the chronic stage, and the fact that the general derangement subsides upon the removal of the local exciting cause, demonstrates local disease.

What are the whole class of diseases of the joints, but local affections? and yet they produce a sympathetic action which gives to them a general character. Inflammation and ulceration of the synovial membrane produce very extensive constitutional derangement, as is apparent in white swelling of the knee and other joints.

If there be a general disease in the whole catalogue of human maladies, it is typhous fever; and yet it is questionable whether this does not arise from local derangement. The force of the disease more generally falls upon particular organs. If typhus be a congestive disease, as is maintained by some, it must be local, as general congestion is incompatible with natural laws, for respondent action would never take place under this condition of the system. Congestion in the large vessels, especially the veins, is not a cause, but the effect, of loss of action in the heart, which proves local disease. If the heart contract and dilate properly, no cause but a mechanical one can produce congestion in the large veins. Obstruction or loss of action will cause congestion in the bloodvessels; but the cause is local, though the congestion be more general. The capillary system appears to be without the direct influence of the *vis a tergo*, and is governed by its own organic sensibility and contractility; hence loss of action will produce congestion; but this will ever be found to be in particular

organs or textures. Congestion arising from obstruction is observed in enlargement of the liver, spleen, and from tumors compressing the large vessels.

Though congestive diseases are local, whether acute or chronic, yet the constitutional symptoms give to them the character of general diseases. It is more than probable that typhous fever is located in the brain, and that, could the integrity of this organ be maintained, the disease could be early arrested. Typhoid fever, or the dothienteritis, which resembles typhus in most of its general characters, is now universally admitted to be seated in the mucous membrane of the alimentary canal, especially the ileum and in the glands of Peyer and Brunner. If this be a local disease, as is proved beyond all doubt by the pathologist, why may we not safely infer that typhus is, though the particular lesion has not as yet been fully demonstrated by the knife of the anatomist?

Those chronic complaints of the lungs, liver, spleen and alimentary canal, which are benefited by air, exercise, diet, and those means which give general tone to the system, are probably removed by restoring equilibrium of action, and breaking up morbid actions which had become habitual. Chronic rheumatism is most readily benefited by equalizing the circulation, and hence the advantage of sulphureous fumigations and baths. Pain in the head, which attends many during their whole lives, is probably owing to congestion in the capillary vessels and veins, pressing unnaturally upon the delicate and susceptible nervous tissue, and is only removed by enabling these vessels to contract so as to remove preternatural distention.

It is said that acute and chronic diseases consist of general action, as the causes which produce them are often elementary; but this does not establish the principle, but simply shows the extent of powerful impressions. The cause must precede the effect in all cases; if the latter be local, then the principle is established. The whole powers of the system cannot act upon general impressions, and were not the functions of some organs suspended while the action of others was increased, disease would be incompatible with the laws which govern the animal economy. It is true that certain general actions have a controlling influence in health, as well as in disease, as is manifest in the circulation of the blood and nervous energy. As the bloodvessels are distributed to every part of the system, we should *a priori* suppose that deranged vascular action must of necessity produce general disease; but as the bloodvessels and nerves are endowed with their own peculiar sensibility in the several organs, rise is given to local action and local disease. The sensibility of the capillary vessels of the parotid gland differs from the sensibility of the same vessels in the liver, spleen, pancreas, &c.

We judge of action by effects; if these do not correspond in the various textures, it must be referred to the peculiar sensibility of parts. That the system becomes diseased, is admitted; and that several organs may be affected at the same time, is certain.

It might also be observed that powerful impressions may have a

general influence before the production of disease. This is often exemplified; but equilibrium of action must be destroyed, and the organic sensibility of the vessels changed, before an organ is diseased.

Excitement, either general or local, may exist, and not constitute or be attended by disease; it is only when the vessels put on a new action, having their sensibility changed, that they can be said to be in a pathological state. General or elementary causes may produce excitement or weaken the circulation, before the vessels take on an unnatural action; but when disease manifests itself, it fixes upon certain textures most predisposed, either by circumstances or idiosyncrasy, to become affected.

Pathological observations and physiological reflections have done much toward the investigation and cure of disease. Morbid anatomy is replete with evidence, showing that local disease is the immediate cause of death in the great majority of cases; and may we not infer that those cases which do not exhibit it, are owing to the imperfection of our examinations, and not to the character of the disease? Morgagni, in his voluminous work, has clearly established the locality of chronic disease. Modern pathology has enriched the profession with a fund of observation, which has dispelled the dark clouds of mysticism and hypothesis, that so long have retarded the march of medical knowledge, and produced a new era in the investigation and cure of disease, duly to be appreciated by every lover of science or well-wisher to the best interests of mankind.

It has been also observed that acute, and most chronic diseases, are general affections, from the fact that the fluids undergo extensive alterations from health, and as these pass into every part of the system, universal disease must inevitably be the consequence. This is plausible reasoning; and were it not for incontrovertible facts, we could subscribe to so pleasing an hypothesis, and relinquish further investigation. The phenomena of nature are too striking to be passed slightly over. From her we are to acquire our principles of reasoning and of practice. What is the effect of a bruise, wound or fracture, but to produce local inflammation? Does not the blood exhibit the same buff, and are not the secretions as extensively changed, as in inflammatory typhus, or those diseases which have been termed general? It is apprehended that all which can be inferred from diseased fluids, is that they produce unnatural action in some organs, while they prove perfectly inert in others, going directly to prove local disease. The experiments of Magendie, Bell, Brande and MacNevin, show that unnatural agents may be introduced into the circulation, and contaminate the blood, but that they are determined to different organs and thereby produce local disease.

Every change in the system arises from vital, chemical or mechanical laws. Vital action depends upon organic sensibility and contractility, from whence arise the phenomena of life. Agents may act directly upon the sensibility of an organ, and produce disease, or by sympathy; in either case the effect may be precisely or nearly the same. Vicarious action is often observed in disease; it is the *vis conservatrix et medicatrix naturæ*. But this only proves that several organs may become affected at the same time, in consequence of intimate sympathy; or, in

other words, that the system is endowed with the principle of extending a disease over a greater surface, that the degree of action may be less. If disease arise in the mucous, serous, fibrous, synovial or glandular textures, though it extend to different parts of the same tissue, it should be considered local, and treated accordingly. Surgery knows little of general, but is perfectly familiar with local disease.

The above remarks have been made, not to deny general principles, or discard constitutional remedies, but particularly to fix the attention, direct inquiries, and lead to a careful investigation of disease. Notwithstanding the many improvements in our science, it is believed that a respectable portion, if not a majority, of the profession, are loose reasoners, careless observers, routine practitioners, satisfied with hypothesis, and do not carefully look into natural causes or investigate disease by pathological observation. In the examination of chronic disease, the mind should be definitely fixed; the actions and functions of all the organs should be analyzed, and structural changes understood. The human mind is naturally inclined to generalization—to view things as a whole, and not in parts—and thus overlook what is absolutely necessary in making a correct diagnosis, upon which an appropriate mode of practice can only be predicated. It is a true remark that our prescriptions increase with empirical rapidity when we are not governed by principle; but when we understand disease, its nature, seats and degree, they will be simple, direct and efficient.

An eminent writer observes, "Who can cure chronic diseases?" Every experienced physician attempts it with reluctance, knowing its peculiar uncertainty. The following are some of the reasons which render it so difficult.

1. They are attended with a change of sensibility in the vessels of the affected organ, that is not restored by agents which control acute disease. This has not only an influence over the actions of the part, but extensively modifies the operation of all therapeutic means.

2. Chronic diseases often affect structures endowed with a low degree of vitality and vascular action; hence they may be of long standing before they are observed by the patient or friends. This is particularly the case in disease of the synovial membrane and the cartilages.

3. Idiosyncrasy, which cannot be explained, extensively modifies or changes the natural action, so that those remedies which in other cases have proved successful, are not only inert, but often injurious. Constitutional peculiarity has much to do with diseased action, as is well known by every medical man.

4. They become habitual; the diseased structure having accommodated itself to the action which has existed for a long time, retains it with peculiar tenacity, and only yields to permanent, and often the most powerful impressions.

5. Chronic diseases are rendered incurable, or of difficult removal, from structural affection. It is impossible to understand all the changes which attend them, some of which may be carefully observed, such as obliteration or lessening of the calibre of the diseased vessels—augmentation or an increase of the same—hardening or hepatization—opacity

of transparent membranes and tissues—formation of new vessels, endowed with their own peculiar sensibility and action, which cause adhesion, obliteration of natural cavities, false membranes, cysts, hydatids, tubercles, tumors, scirrhusities, &c—ulceration or fistulous openings, attended with destruction of the natural textures—suppuration, which may depend upon textural or functional affection, according to circumstances.

When we reflect upon the minute ramifications of the bloodvessels and nerves, we can readily perceive that the structure of the several organs will become changed in most chronic diseases, and we ought not to deny its existence even when it is not revealed by dissection. Most of the important changes in the system are beyond the reach of demonstration; no one can tell the exact process by which bile, urine and semen are secreted, or what action the vessels exercise in forming blood. Yet all these important changes result from the action of the capillary vessels and nerves.

In deducing rules of practice, we should understand the seat of disease, from which the general sympathetic affection arises. If the principle advanced, that chronic diseases are local, be correct, we shall readily conclude that those remedies which act directly upon the diseased organ will be most successful. When we adopt this mode of reasoning, and practise upon principle, it is believed that most of our empiricism will vanish, a long list of remedies be laid aside as useless, or hurtful, and that our prescriptions will be few, simple and direct, but more efficient. The more local our treatment, the more certainly shall we affect those vessels upon which disease depends.

In chronic inflammation, local bloodletting and counter-irritation may have a powerful influence in overcoming disease, whereas general bleeding might only increase debility, impair the integrity of all the organs, destroy those healthful actions upon which we almost entirely depend, when looking to the powers of nature for assistance in overcoming actual disease.

It is correct in principle, that in all inflammations local bleeding should supersede general; and could it be carried to sufficient extent, it is quite questionable whether the general use of the lancet would ever be required. But as this cannot always be accomplished, a resort to general bleeding, of course, is our only alternative. Local bleeding exerts an influence upon the diseased vessels, removing the irritation upon which the general sympathetic action depends. The constitutional effect of many diseases may be suspended by it. This is particularly the case with cancer. As this disease is attended with a specific action, generating a poison which ultimately contaminates the system, it is evident that lessening the quantity of blood in the diseased vessels will extensively diminish the secretion, and keep down the diseased action, so that life may be much prolonged. Most diseases are attended with acute, chronic, or specific inflammation; and as this is always local, topical remedies are particularly indicated. A good rule in practice is, that we understand the exact condition of the system before we make an application of remedies. It may with much propriety be asserted, that the effect of all remedies depends as much upon the condition of

the system, as upon their own inherent properties. Hence opium, under one state of the system, is narcotic ; under another, sudorific, antispasmodic, expectorant, astringent, cathartic ; and so with most of our therapeutical agents. We cure disease by instituting states or conditions incompatible with morbid action.

Again, we should discriminate between chronic disease and chronic predisposition to disease ; the former being more generally attended with inflammation, the latter with debility. Hence general debility will so dispose a part to become affected, that nothing but a resort to tonics, and other means which invigorate the system, will prevent actual disease. It is highly probable that the injudicious use of tonics, which has been a fruitful source of injury in chronic diseases, is owing to not discriminating between debility and inflammation.

Chronic disease is often removed by rendering it more acute, or extending it over a greater surface ; this either produces a change incompatible with its continuance, or prepares the system for the application of more efficient remedies. By breaking up old associations and habits, a change may be effected in the diseased vessels, rendering them more susceptible of healthy action. This principle is often exemplified in practice, and much advantage may be taken of accidents, and stimulating measures, which have converted a chronic into an acute disease. The effects of rendering a chronic ulcer more acute, are well known ; the most pleasing results are obtained. The greatest precision is necessary in applying this principle to the vital organs, lest we excite in them an action inconsistent with their vital energies, or produce textural derangement. It is only in certain cases that it can be safely resorted to, except in organs not directly essential to the well-being of the system. Chronic congestion, not attended with textural derangement, will be removed more readily by a judicious application of stimulants, than by any other class of remedies.

The vital properties of an organ have an extensive influence in disease, whether acute or chronic. Where these are the most exalted, and the functions most complicated, we are to look for acute ; and where less, for chronic disease. Therefore in the latter case we are directed to adopt the most permanent measures.

Perseverance in a judicious course of remedies is absolutely required. Many cases are abandoned before time is given for those permanent changes, which must be effected before health can be restored. Though we should depend much upon the natural powers of the system, and almost entirely in all textural affections, still by understanding the nature, degree and seat of the local irritation, we may administer or apply remedies which will have a commanding influence over the diseased vessels, restoring them to healthy action, and thereby removing all constitutional disturbance. It is necessary, in the treatment of either acute or chronic disease, to guard the functions of all the organs ; but still the local affection, upon which all the constitutional symptoms more frequently depend, should not be overlooked. How often do diseases of the uterus, attended with cramps, hysteria, vertigo, palpitation, indigestion, leucorrhœa, tenderness of the spine, general affection of the

animal and vital functions, yield to a strictly local treatment, which removes chronic inflammation, and restores tone to the debilitated vessels and ligaments.

While pathology is exerting an irresistible influence, it is hoped the profession will be enriched by the labors of those, whose qualifications and situation give an opportunity of making such investigations as will render the practice in chronic disease rational and efficient. When this is done, quackery will cease, and reproach no longer rest upon the science of medicine.

July 30, 1839.

LETTERS FROM THE WEST.—NO. IV.

CINCINNATI COLLEGE.—CINCINNATI HOSPITALS AND MEDICAL SOCIETIES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—During my sojourn in this place, thus far, I have associated principally with the professors of the new medical school and their immediate friends, and have become more intimately acquainted with the history of this institution than of the Medical College of Ohio. The former differs from the latter in its organization. The Medical College of Ohio is an independent school, while the new school is a medical department of the Cincinnati College, which was founded in 1819. This department was organized in the summer of 1835, by the Trustees, upon the application of that most indefatigable man, Dr. Drake. So unexpected a measure created no little excitement in the city. It was the prominent topic of conversation in the street and within doors. The friends of the old school were up in arms, and declared the project altogether wild, and one entirely unauthorized by the charter. The supporters of the scheme disputed the matter with them until open hostility was fairly established between the two parties. By referring to the charter of the old Cincinnati College, it was plainly discovered that that instrument gave the trustees full authority to adopt the course which had been taken. Friends and foes could read, "That the power to appoint professors was unlimited; that every branch of human knowledge, except denominational christianity, could or might be taught in the institution; and that they might grant or confer, on any candidate, all or any of the degrees that are usually conferred in any college or university within the United States." The war was kept up with unabated violence until the close of the winter term, but was only suspended to be renewed the succeeding fall. The first session of the new school opened with sixty-six students, and at the close of the term the degree of doctor of medicine was conferred upon eighteen young gentlemen. The number of students has been gradually increasing. Last winter the class numbered 130. The enmity between the schools is still raging, and it is feared by a number of the friends of both institutions that they are materially injuring themselves, and that students will be induced, by witnessing so disagreeable a controversy, to proceed, even after arriving in the city for the purpose of attending lectures, to

Louisville, Lexington, or one of the eastern schools. It is to be hoped that this unnecessary warfare will soon be ended. I feel confident that one or both parties must fall in case of no abatement.

The faculty of the new school, as you are doubtless well aware, is composed of gentlemen well qualified to discharge their duties. I have not room here to speak of any of them individually. In my next letter I will give you a sketch of two or three of them, which I hope will afford interest to some of your readers.

The building in which the lectures are delivered is a large brick edifice, situated in a central part of the city. It has twelve rooms:—a large chapel, three apartments for medical lectures, three for the academical department, one for the law department, and rooms for the medical faculty meetings, cabinets of healthy and morbid anatomy, and dissection. Its external appearance is quite plain and handsome. Four years ago it was a nuisance to the city; presenting nothing to the view but a heap of ruins—the abode of bats, frogs and lizards—a large mark for boys to throw stones at as they passed along; but by the genius and enterprise of a single individual, it has become the ornament and pride of the queen city of the west. The materials for prosecuting the study of the various branches of medicine are ample. The cabinets of healthy and morbid anatomy, I believe, are not excelled in the west; and the dissecting room is always well supplied with recent subjects. In connection with these, I may mention the extensive collection of minerals, the splendid chemical apparatus, and a case of the rarer articles of the *materia medica*.

I think this school and the Medical College of Ohio may both flourish if they will cease fighting; but if they continue the combat which has been carried on for three years past, I should not be surprised if they should both share the fate of the Kilkenny cats.* I express my opinion plainly, freely and fearlessly. I sincerely desire the success of both schools, and think it high time that a warning voice should be raised which will be heard and heeded.

The next institutions which I wish to present to your notice, are the two hospitals—first the Commercial Hospital and Lunatic Asylum, founded by the Legislature of Ohio, upon the petition of Dr. Drake, in 1819; and second, the Cincinnati Hospital, organized in 1836, and under the management of the new school. I cannot speak in the most favorable terms of either. The former is the largest, and until last winter has been under the direction of the faculty of the old school. By an act of the last Legislature, the students of the new school are admitted within its walls upon an equal footing with those of the Medical College of Ohio. The Lunatic Asylum attached to this hospital is, in a word, a prison house—more fit for the incarceration of murderers than the use to which it is applied. The hospital will accommodate from seventy to eighty patients. The Cincinnati Hospital

* Owing to this letter being sent by private conveyance, it has been detained several weeks, and does not, therefore, give the exact state of the new medical school at the present time. As was intimated in the last No. of the Journal, a report is current that the professors have resigned, and the medical department of the College is to be suspended.—*Ed.*

will not entertain more than forty, so that both together are scarcely adequate to the wants of the country.

The truth is, I know of no hospital in the Mississippi Valley, except the Charity Hospital at New Orleans, which can be considered a superior establishment. There is a great demand for good institutions of the kind in the West, and I am inclined to think, that until the attention of the public becomes aroused, and they be made to feel the necessity of these important charities, and the Legislatures of the several States take the matter into serious consideration, nothing of importance can be effected. Individual wealth is too rare and feeble for their endowment.

In conclusion of this letter, I will merely allude to the Cincinnati Medical Society and the Ohio Medical Lyceum, two incorporated bodies which have been in existence for a number of years past. Their objects are similar to like associations throughout the United States.

In my next I will give you a sketch of Dr. Drake and Dr. Gross, two of the most distinguished medical men west of the mountains.

Cincinnati, August 1, 1839.

Yours truly, W. J. B.

DR. LEE'S PHYSIOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—My attention has been called to a notice of my work on Physiology in the last No. of your Journal, in which you intimate that I am indebted to Dr. Hayward for some of my matter, leaving your readers to infer that I have made an unwarrantable use of his book. It is due to myself to make the following statement. The Physiology was compiled at the request of the "American Common School Society," for the use of elementary schools, with no particular view to reputation or emolument on my part, but because it afforded a favorable opportunity of imparting what I conceived an important kind of knowledge to the rising generation. It was understood that the work was to be a compilation, and accordingly it was avowed to be such in the preface of the first edition, in which I used the following language. "It is unnecessary to state that this work makes no pretensions to originality. The design has been to condense, in as short a compass as possible, the most important results of the labors and researches of others. This general acknowledgment, it is hoped, will be sufficient, without specifying in every instance the source to which the author is indebted." With this explanation I ventured, in some instances, to employ the language of others, where I could not improve it, but in general I aimed to give the substance of what is contained in our standard authorities in my own language. As the works consulted were numerous, the references required would have only served to distract the attention of the reader, without affording any particular benefit, and they were accordingly all omitted, as stated in the preface. In preparing the second edition, I endeavored to make the language still more exclusively my own, and for that purpose re-wrote nearly the whole of it. I had supposed that the work was not now liable to any just

criticism of this kind, and though still professedly a compilation, would not suffer, perhaps, on the score of general originality, with similar works of the day. To guard, however, against any such charge, the preface of the second edition contained the following acknowledgment. "In preparing it, more than fifty different works have been consulted, from all of which the writer has freely taken whatever he found adapted to his purpose. Originality has not been aimed at, as it was precluded by the very nature of the subject; indeed, it would have been unsuited to the object in view."

I am gratified to find that the work has been thought to answer the purpose for which it was prepared. I claim little or nothing for it on the score of originality, in the usual acceptation of the term; being satisfied if it be considered a useful and judicious compilation.

New York, Sept. 3, 1829.

Yours, very respectfully,

CHARLES A. LEE, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 11, 1839.

A GUIDE FOR MOTHERS AND NURSES.*

DR. TICKNOR, of New York, is certainly a fortunate as well as instructive writer. It matters not what subject he takes in hand, for he acquits himself in a way to meet with the approbation of the profession, and that is much more than all his cotemporaries do. It is a discovery of infinite importance to a man who has a talent for writing and the industry to complete a literary or scientific undertaking, to know how to wield his power to the best advantage. Dr. Ticknor's *Philosophy of Living* is quite as well liked in England as in the United States—but were it not really meritorious, its reputation would have been bounded by the State of New York. At a very opportune period, his present work, which makes no pretensions to distinction, is precisely calculated, from the importance of the subjects discussed, and its popular character, to be extensively read. We perceive that the élite of the profession in his own city have given it an attentive examination, and with apparently the kindest feelings speak of its utility.

Notwithstanding the fact that the mortality of children is astonishingly great in all civilized countries, we are not in the habit of reflecting upon the various causes which produce this melancholy result. In Brown's *Domestic and Financial Condition of Great Britain*, it is stated that at the termination of the first twelve years of existence, about one third of all that have been born, die. Of the number which die within the first year after birth, principally through the mismanagement of inexperienced mothers, or the careless, irresponsible conduct of nurses, it is impossible to determine; but that premature death results from these sources, is

* *A Guide for Mothers and Nurses in the Management of Young Children, with reference to hereditary or family diseases, and advice to pregnant and lying-in females, &c.* By Caleb Ticknor, M.D. New York: Taylor and Todd. 1839. Pp. 248.

almost universally acknowledged—and yet the vital statistics on this point have been culpably imperfect.

We do not rank ourselves with that selfish professional clique who are always alarmed at the idea of teaching the elements of physic and surgery, or hygiene, to the people. The more they know of their own physical organization and the laws of life, the more confidence have they in the higher attainments of their medical advisers. Now Dr. Ticknor has undertaken to address mothers and nurses in their own vernacular tongue, on a topic of the highest possible interest to themselves and to humanity—and we wish, therefore, that success may follow the labor. He claims nothing original—nothing new; he has simply compiled fourteen chapters on the management of young children, with reference to hereditary diseases, &c., accompanied by excellent advice.

Dr. Gross's System of Pathological Anatomy.—Such progress is making in the publication of this work, that the publishers feel quite certain that, with its beautiful engravings, it will be on sale by the month of October. As it is considered by competent judges to be an admirable system, and very much needed, we trust that the schools will have it in time for the coming lecture season as a text book. That such will be its destiny, to become a standard in pathological anatomy, is firmly predicted by those who have had the opportunity of inspecting the manuscript.

Human Physiology, for the Use of Schools.—A passing notice was taken of Dr. Lee's book, a week or two since, with the intention of recurring to it again whenever we had completed the examination. In the meantime a communication has been received, and will be found in this No. of the Journal, from the author, who fully explains the material points about which there have been frequent remarks. We entertain no hostile feelings towards Dr. Lee in relation to the accusation brought against him of having borrowed without giving credit. The matter must necessarily be between him and those who are the aggrieved party. The explanatory article, it strikes us, will be satisfactory, and restore harmony wherever there may have been unpleasant feelings.

Medical Lectures at Washington.—From some cause not well understood hereabouts, the medical course of instruction has been suspended a year or two at the city of Washington. Vigorous exertions are now making for conducting medical lectures as they formerly were at that place. Dr. Sewall is still a member of the faculty, and well known for his perseverance and devotion to the science of medicine.

Harvard University.—The degree of Doctor in Medicine has been conferred on the following candidates during the last academic year.

Robert Harper Adlam; Benjamin Barnard Appleton, A.M.; Charles Vose Bemis, A.B.; Henry Bigelow, A.B.; Ward Nicholas Boylston, A.M.; Charles Hale Brown; Bertrand Francois Bugard, A.B.; Samuel Cabot, Jr., A.M.; Daniel Clarke; Kendall Flint, A.B.; Joseph Bassett Fobes; Benoni Guay; Barnaby Winslow Hathaway; William Mann Kimball; Joseph Marmette; Benjamin Franklin Parker, A.B.; John

Witt Randall, A.M. ; Aaron Parker Richardson ; James Osgood Savage.

Boston, Sept., 1839.

WALTER CHANNING,

Dean of the Faculty of Medicine.

Yellow Fever.—Believing that it may be useful in after times, at least, to refer to the history of this disease in its fearful career in 1839, an imperfect register of mortality is kept, as information is received. It is extremely gratifying to notice the humanity of the City Council in the first Municipality of New Orleans, at this particular time of alarm and distress in that city. The first Municipality is divided into five districts, for each of which two physicians and an apothecary have been appointed by the Mayor, to attend to the indigent sick of the yellow fever. They are to be paid for their services.—The New Orleans Courier, speaking of the yellow fever, says—"It is no longer destitute, neglected strangers only who are falling victims to the yellow fever; but people well cared for and comfortable, and some of them natives of Louisiana."

New Orleans, August 23.—On Wednesday, total number of admissions to the Charity Hospital 25, of which 10 were yellow fever. Total deaths 13, of which 12 were yellow fever. Yesterday, to 8 P. M., total admissions 33, of which 14 were yellow fever. Total deaths 8, all of which were yellow fever.

Augusta, Geo.—No less than two thousand of the inhabitants of Augusta fled from that city in consequence of the fever. There have been 38 cases since August 18th, of which 28 have died.

Four new cases of yellow fever were reported at Mobile on the 24th. The sickness, up to the 27th, had not materially declined. There is a great want of good nursing, an essential point in this complaint. At New Orleans we hear of patients being carried through the streets in open carts, exposed in their agonies to a hot sun.

Maryland Medical and Surgical Journal.—In the Journal of Dental Science it is remarked that this newly projected quarterly is to appear in July. It is now September, and it has not arrived. However, it may be expected soon. In the prospectus it is stated that it is to be published by the Medical and Chirurgical Faculty of Maryland. Is this the medical society of the State, acting under a charter, or a voluntary association of practitioners, not incorporated? Perhaps some of our correspondents are able to answer the question—and at the same time furnish the names of the executive officers, of the present year, and the day of the annual meeting. A speedy reply would very much oblige.

Medical Miscellany.—Several physicians in Savannah are candidates for aldermen of that city.—Yellow fever has been developed on board the Mississippi steamboats.—A correspondent speaks of the existence of small-pox in Maine.—Dr. Wallace's chart of the eye should be introduced into all common schools—it is easily understood by children, and gives them a perfect idea of the principles of vision in connection with the mechanism of the organ in man and a series of the lower animals.—Dr. Haynes's utero-abdominal supporter is much admired by those who have examined it. Physicians are recommended to give it a thorough trial.—A new work, from the French, of great professional interest, is now in process of translation in Boston—to be published ere long.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1899. August.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	Sun r. 2, P.M.	Sun s. 2, P.M.	Sun s. 2, P.M.	Sun r. 2, P.M.	Sun s. 2, P.M.	Sun s. 2, P.M.			H't 1st	L'st	
1 Thur.	62 76 69	29.25	29.33	29.33	N W	Fair	62 75				
2 Frid.	58 72 67	29.40	29.41	29.39	S W	Fair	67 73				
3 Satur.	58 76 70	29.33	29.35	29.38	N W	Fair	57 75				
4 Sun.	54 76 72	29.42	29.53	29.52	S	Fair	52 77				
5 Mon.	60 80 74	29.44	29.50	29.50	S W	Fair	54 80				
6 Tues.	59 79 73	29.49	29.48	29.48	S W	Fair	55 81				
7 Wed.	57 76 72	29.40	29.38	29.38	N W	Fair	65 81				
8 Thur.	58 76 67	29.32	29.26	29.20	S W	Rain	56 81				
9 Frid.	64 77 68	29.04	28.99	29.08	N W	Showery	65 79				
10 Satur.	54 72 65	29.13	29.26	29.20	N W	Fair	53 75				
11 Sun.	52 76 72	29.39	29.49	29.50	S W	Fair	52 72				
12 Mon.	61 69 70	29.50	29.50	29.49	S W	Fair	58 78				
13 Tues.	60 74 72	29.54	29.61	29.65	N W	Fair	59 74				
14 Wed.	60 72 62	29.68	29.71	29.70	N W	Fair	58 73				
15 Thur.	55 69 60	29.63	29.67	29.68	N W	Fair	54 72				
16 Frid.	60 63 58	29.62	29.60	29.55	N E	Rain	52 68				Cold storm.
17 Satur.	54 64 62	29.53	29.55	29.58	N E	Fair	54 66				
18 Sun.	58 71 69	29.53	29.56	29.56	N E	Fair	67 77				
19 Mon.	56 80 75	29.56	29.59	29.60	S W	Fair	56 78				
20 Tues.	63 83 80	29.51	29.52	29.50	S W	Fair	60 83				
21 Wed.	65 85 82	29.45	29.48	29.47	S W	Fair	61 84				
22 Thur.	68 84 77	29.42	29.40	29.40	S W	Fair	64 85				
23 Frid.	70 83 80	29.38	29.40	29.42	S W	Fair	67 84				
24 Satur.	69 82 75	29.44	29.45	29.42	S W	Fair	67 82				
25 Sun.	68 80 80	29.35	29.37	29.37	S W	Fair	67 83				
26 Mon.	64 82 77	29.40	29.42	29.37	S	Fair	62 81				
27 Tues.	70 84 80	29.26	29.26	29.23	S W	Fair	68 83				
28 Wed.	70 73 66	29.30	29.36	29.44	N W	Fair	63 72				
29 Thur.	48 58 55	29.56	29.54	29.51	N E	Cloudy	46 60				
30 Frid.	50 51 50	29.52	29.50	29.46	N E	Storm	50 53				
31 Satur.	51 63 59	29.20	29.41	29.52	N W	Fair	47 65				

The month of August has been a very pleasant one—temperature, excepting the few last days, very uniform. There have been an unusual number of fair days. Range of the barometer, from 29.71 to 28.99. Thermometer has ranged from 46 to 85.

Whole number of deaths in Boston for the week ending Sept. 7, 49. Males, 27—females, 22.

Of consumption, 5—canker in the bowels, 1—disease of the heart, 1—inflammation of the bowels, 3—dropsy on the brain, 2—typhous fever, 2—scarlet fever, 1—cholera infantum, 2—billous fever, 1—dropsy, 3—bowel complaint, 2—casualty, 1—spasms, 1—suicide, 1—inflammation of the brain, 1—cancer, 1—dysentery, 3—infantile, 2—sudden, 1—old age, 3—hooping cough, 1—worm fever, 1—lung fever, 2—apoplexy, 1—fits, 1—drowned, 1—painter's colic, 1—teething, 1.

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by	JOHN AUGUSTINE SMITH, M.D.
Theory and Practice of Physic, by	JOSEPH M. SMITH, M.D.
Materia Medica and Medical Jurisprudence, by	JOHN B. BECK, M.D.
Chemistry and Botany, by	JOHN TORREY, M.D.
Special and General Anatomy, by	ROBERT WATTS, JR., M.D.
Surgery and Surgical and Pathological Anatomy, by	WILLARD PARKER, M.D.
Obstetrics, by	JAMES R. MANLEY, M.D.

Fee for the whole course, \$108.

New York, July 24, 1899.

J. AUGUSTINE SMITH, M.D., President.

NICOLL H. DERING, M.D., Registrar.

Jy 31—eoptO15

GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the 1st Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. SPENCER, M.D., Geneva.
Obstetrics and Materia Medica, by	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	JAMES WEBSTER, M.D., Rochester.
Surgery, by	D. L. RODGERS, M.D., Geneva.
Chemistry, by	WILLIAM USHER, M.D.
Medical Jurisprudence, by the Professors of Chemistry and Anatomy.	

THOMAS SPENCER, M.D., Registrar.
Geneva, July 16, 1899.

Jy 31—40

C. B. COVENTRY, M.D., Dean.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

THE regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL MCCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUSTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANGBAST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, \$15. Graduation fee, \$30.

Aug 7—1N1

JOHN REVERE, M.D., *Dean of the Faculty.*

COLUMBIAN COLLEGE, D. C.—MEDICAL DEPARTMENT.

THE Lectures in this Institution will commence on the first Monday in November, and continue until the first of March. During the session full courses will be given in the various branches of medicine, by

THOMAS SEWALL, M.D., Professor of the Principles of Pathology and the Practice of Medicine.

THOMAS P. JONES, M.D., Professor of Chemistry and Pharmacy.

HARVEY LINDLEY, M.D., Professor of Obstetrics and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of the Principles and Practice of Surgery.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

JOHN FREDERICK MAY, M.D., Professor of Anatomy and Physiology (late Professor of Surgery in the University of Maryland).

J. F. MAY, M.D., *Dean of the Faculty.*

Washington City, Aug. 4th, 1839.

Aug 14—3t

ALBANY MEDICAL COLLEGE.

THIS Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The Faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.

EBENEZER EMMONS, M.D., Professor of Chemistry and Natural History.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Professor of Anatomy.

DAVID M. MCCLACHLAN, M.D., Professor of Materia Medica and Therapeutics.

GUNNING S. BEDFORD, M.D., Professor of Obstetrics.

THOMAS HUN, M.D., Professor of the Institutes of Medicine.

AMOS DRAM, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is \$70. Matriculation fee, \$5. Graduation fee, \$30. Price of boarding, from \$2 50 to \$3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

JAMES H. ARMSBY, *Registrar.*

Albany, July, 1839.

Jy 17—10

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOKER,
OLIVER W. HOLMES.

Boston, May 15, 1839.

2m6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, SEPTEMBER 18, 1839.

No. 6.

ON THE DEVELOPMENT AND STRUCTURE OF THE TEETH.

INVESTIGATIONS respecting the structure and development of the teeth have been carried on during the last few years, by some of the most celebrated anatomists now living; and it is with much satisfaction that we are enabled to place before our readers the highly interesting and valuable results at which they have arrived. In the present article we propose to examine, firstly, the structure, and secondly the development, of the teeth.

I. **THE STRUCTURE OF THE TEETH.**—In a paper published in the Philosophical Transactions for the year 1678, Leeuwenhoek announced that, having extracted one of his own teeth, he examined it with lenses, and that he and others “plainly saw that the whole tooth was made up of very small, straight, transparent pipes;” of these pipes Leeuwenhoek gave two figures, and he spoke of their existence in the teeth of the cow and of the haddock. In the year 1687, the same author wrote a continuation of the above researches, in which he further explained the nature of these “pipes,” as existing in man and various animals; and he described a molar tooth of the human subject, which was the object of very careful investigation, to contain 4,822,500 pipes or tubes. This discovery of Leeuwenhoek remained unnoticed during many years. Writers upon the structure of the teeth who succeeded him, and they have been numerous, contented themselves with describing the appearances observed upon examination by means of the naked eye. Purkinje and Retzius, unknown to each other, conducted researches upon the structure of the teeth, with the assistance of the microscope.

In the year 1835, the former, through his pupil Fränkel, announced the discovery of the tubular structure of ivory. Nearly at the same time, Retzius, in a series of letters to the Royal Society of Stockholm, published the details of his researches. Müller, in his Archives for 1835, analyzed the above researches, and made important additions to them. Mr. Owen has conducted his extensive survey of the same subject into the field of comparative anatomy and geology. Mr. Tomes, another of our countrymen, has also written an original and very interesting paper upon this subject. It is at once a proof of the accuracy of the above observers, and of the perfection which the microscope has attained, that although the use of the highest compound lenses has been found requisite, in order to reveal the more minute

structures, all the observers, whose names we have mentioned, agree in every point. We hope that the knowledge of this fact will prove a satisfactory answer to those who refuse to use the microscope, and to listen to the results derived from its use, "because it is liable to so many fallacies."

After the perusal of Brewster's paper "On the Structure of the Crystalline Lens," published in the Philosophical Transactions for the year 1833, which proved that the peculiar mother-of-pearl color of that structure depends upon its fibres; it occurred to Retzius, that the same peculiar color possessed by dental bones might also depend upon the entering into its composition of minute fibres. These minute fibres Retzius readily discovered; and he afterwards proceeded to conduct researches into the structure of the teeth generally.

1. *The Ivory or Bone of the Tooth.*—Retzius states that "having made a fine section of a tooth that has been placed in diluted muriatic acid, and having examined it by means of transmitted light, with a lens magnifying as low as 60 diameters, it will be quite apparent to the observer that it is composed of undulating fibres, in apposition internally with the *cavitas pulpæ*, and externally with the surface of the tooth." If an oblique section be afterwards made, and a magnifying power of 200 diameters be employed, these fibres will appear to be hollow. Retzius found that the above fibres or tubes gave off branches, and that the main trunks opened into the *cavitas pulpæ*. Although these branches are principally evident towards the external surface of the tooth, the canals at their origin may be distinctly seen to present dichotomous divisions.

Retzius details the appearances revealed by the microscope in the teeth of man and the lower animals. In man, "the tubes which are contiguous appear to run parallel; upon examining a number, they are found to radiate from the central cavity towards the circumference." These tubes have, more or less, three curves, resembling the Greek letter ξ . These curves vary in different teeth, approaching sometimes in form to the Roman letter S. In well-formed teeth, the curves on each side present a certain symmetry. Independent of these general curves of the entire tube, under a higher magnifying power are observed "numerous shorter curvatures, nearly 200 of which may be counted in the space of a line;" these produce the appearance in each tube of an undulating line. Professor Owen has remarked partial dilatations in the tubes of the human teeth, an appearance which has not unfrequently been noticed by ourselves.

Leeuwenhoeck endeavored to ascertain how it was possible that tubes, which appear to run parallel to each other, should fill such a different space on the surface of the tooth, and at the internal cavity. He sought in vain for a trace of branches from them. Purkinje discovered, however, that these tubes do give off branches. Retzius says of them, "from their commencement in the *cavitas pulpæ*, the tubes appear to be of the same diameter for five sixths of their course;" and this diameter, after repeated admeasurements, he states to be $\frac{1}{3} \frac{1}{8}$ of a line. After running five sixths of their course, they are found to diminish

considerably in size, until they disappear or terminate in small, irregular, rounded, and scattered cells. The branches of these tubes are more easily observable in milk teeth. In the permanent teeth, the branches are formed principally towards the extremities of the tubes; in the milk teeth they arise nearly equally from all parts. The branches arising from different tubes do not communicate with each other, except perhaps at their extremities.

Are these fibres tubular? Retzius states that the *cavitas pulpæ*, viewed under a sufficiently high magnifying power, presents numerous orifices which he considers to be the mouths of the main tubes. He also states that, by making sections of the tubes at right angles with their course, the calibre of these tubes may be determined with facility; and that, upon placing a section made in the above manner upon a dark ground, white spots distinctly denote the tubular orifices. Purkinje and Fränkel convinced themselves of the tubular nature of these fibres, from finding, on making various sections of the tooth, that they were always able to demonstrate the parietes and cavity of the cut tube. Müller states that he has seen these fibres or tubes in the horse, injected with red coloring matter. Mr. Tomes has made some conclusive experiments upon this subject. After having reduced a transverse section of a giraffe's tooth, so as to render the tubes visible by the aid of transmitted light, he added to it, while under the microscope, diluted muriatic acid. "Chemical action immediately commenced, gas was disengaged and proceeded from the cut extremities of the tubes." He states that, more than once, he saw "the bubbles of gas in the tubes, and traced them to their extremities from which they escaped."

The Parietes of the Tubes. Müller has made some researches upon this subject, which are of much interest. He states that the diameter of the tubes is only one fifth or one sixth of the spaces between them; the structure in the intervening spaces necessarily forming the greater part of the bulk of the tooth. He says that, upon breaking fine sections of teeth perpendicular to their fibres, he has frequently seen the latter "extend from the margin beyond the tooth-substance, seeming to be perfectly straight and inflexible;" but the earth being removed from slices of teeth, by means of acids, and the latter being torn in a direction contrary to the course of the fibres, "these fibres appear, upon the torn margin, quite flexible and transparent, and they not unfrequently project considerably beyond the margin of the section." Müller thinks that it may be inferred, from the above experiment, that the tubes have an animal basis or membrane, which in the firm tooth is fragile, and probably penetrated by calcareous salts. Upon this subject Retzius says that, under a certain light, "the mouths of the canals appear bounded by a definite shadow;" and their walls, when the light falls upon them, have a different appearance from the surrounding matter, which Fränkel calls the fundamental substance of the tooth. Frequently the circular orifices have a darker and somewhat yellowish appearance. "We may conclude," says Retzius, "from all this, that the above-described tubes are not merely hollowed out of the fundamental dental

substance, but that they are tubes properly so called, consisting of a particular substance, differing from that of the tooth."

The Contents of the Tubes.—Müller was the first who made investigations upon this branch of the subject. He considers the tubes to be filled with organic deposits of calcareous salts, which are soluble in acids. According to him the white color of the tooth is dependent upon these contents, the intervening substance being more or less transparent. He says, "The white color of the tooth disappears upon the application of acids; and teeth thus treated do not regain their color when dried." Observers agree that even if the enamel only be carious, or rather the ivory immediately internal to the enamel, then the tubes passing towards the *cavitas pulpæ* lose their white color. Müller states that he has seen in carious teeth, independently of the transparent appearance above alluded to, a brittle substance contained in different parts of the tubes; he has, however, also observed the latter in perfectly healthy teeth, and he also speaks of the existence of opaque spots in the course of the tubes. According to Retzius, the contents of the canals consist of an inorganic or earthy substance, which appears white when seen on a dark ground. It appears to consist of "small masses, formed of infinitely delicate particles." The greater or less number and the degree of visibility of these particles appear to depend upon the extent to which the preparation has been penetrated by water, oil, or turpentine. Mr. Tomes agrees with Retzius as to the contents of these tubes. In mammalia he states them to consist of an amorphous mass, the composition of which is the phosphate and carbonate of lime. He concludes that the latter enters into the formation of the above mass, from the results of the experiments which we have before noticed, where he placed a thin section of the tooth of the giraffe in muriatic acid, and observed under the microscope the evolution of gas from the interior of the tubes. Mr. T. states that these tubes in the cartilaginous and osseous fish contain much less of the earthy matter than do those of animals higher in the scale.

The Use of the Tubes.—Retzius believes that the tubes of teeth, as well as the canals of bone (canals of Havers), are for the circulation of nutritious fluids, which he imagines to be secreted by the capillaries which clothe the surface of the pulp. We quote from Retzius the following interesting observations upon this subject.

"We have many examples," he says, "that Nature organizes structures which have a close affinity to each other, according to one and the same plan, and hence we have, in different parts, organized formations, which in some are of the greatest importance, whilst in others they are of much less functional significance, or of none whatever. When we assume, what is highly probable, that in bone the peculiar vessels in question give passage to fluids during the entire life of the animal, which fluids contain the solid as well as the liquid materials of the osseous substance, it does not necessarily follow that the same process must be carried on in the teeth during the whole of life; on the contrary, I am inclined to believe that the vessels of dental bone exercise their most perfect action during the first period only of the formation of

the tooth. At the same time, the existence of the continual vital process in the tooth, as well as in the crystalline lens, cannot be doubted, which appears, however, to be carried on without any constant exchange of solid matter, and must hence consist in a renovating circulation of fluids."

Mr. Tomes "conceives that the tubes, containing as they do an amorphous substance, could, by capillary absorption, carry on a kind of slow circulation of the more fluid parts of the blood." Professor Owen accounts for the good effects produced by stopping decayed teeth, by "the calcareous salts in such cases pouring out from the extremities of the tubes divided in the operation; then a thin dense layer intervenes between the exposed surface of the ivory and the stopping."

Of the Intertubular Substance.—Independently of the salts of lime contained in the cavity of the tubes, and of those which, with the animal basis, form the walls of these tubes, Müller considers that salts of lime also enter into the composition of the intervening substance; and, as we have seen above, that the tubes themselves are only of a size equal to one fifth or one sixth of the space between them, the greater portion of calcareous salts which enter into the composition of the tooth must be contained in the intertubular spaces. Müller considers the lime to be either chemically combined with the cartilage of the tooth, or to be deposited in it in an insoluble manner. The lime-earth of the intertubular spaces may be demonstrated by carefully boiling slices of teeth in potash during many hours. The cartilage is dissolved, and the intervening substance becomes opaque and white. According to Müller, the lime thus obtained appears in the form of dense grains. Between the tubes are observed also the *corpuscles or osseous cells of the tooth*, called by Professor Owen the *calcigerous cells*. Some of the smaller tubes terminate in these cells. Valentin believes them to be analogous to the corpuscles of bone. Retzius states "that they, as well as the tubes, contain earthy salts." This he proves by causing their white color to disappear, by placing the preparation in diluted muriatic acid.

The Terminations of the Tubes, according to most observers, take place—first, by entering the corpuscle or cell; secondly, by forming plexuses with one another; thirdly, by being lost in the intertubular substance, either in the interior of the ivory or at its surface of attachment to the enamel and crista petrosa; fourthly, by communicating with the cells of the crista petrosa.

2. *The Enamel of the Tooth.*—This is also called the vitreous and adamantine substance. Berzelius states that enamel *does not contain any animal matter*. He considers that the delicate tissue which remains after its earthy matter has been dissolved in acid, is the residue of a membrane which formed the internal lining to it. He says that "enamel is not at all blackened on the outside, and but very slightly on the inside, by being burned; and that it does not lose more than two per cent. of its weight from combustion." Retzius, with Berzelius, agrees in the existence of a membrane which lines the enamel internally, and which is a band of connection between it and the external surface of

the ivory. Retzius believes that the inorganic fibres of enamel are surrounded by a capsule of organic matter; a view which we shall see is adopted by Purkinje and Raschkow. The researches of Mr. Nasmyth* show the existence of a layer of substance external to the enamel, and intimately connected with it. This layer Mr. N. has demonstrated in the tooth of the human subject, in the calf, and in many other animals; and he considers its presence to be almost universal. It is shown by the immersion of the tooth in diluted muriatic acid during a very short space of time, when it can be removed in the form of a membrane. It is continuous with the layer called the *crusta petrosa* on the surface of the fang, to which it seems to bear the greatest analogy, and, like the latter, contains the characteristic cells or corpuscles. The existence of this layer on the surface of the enamel, as pointed out by Mr. Nasmyth, we have since demonstrated, by exposing teeth to a rather high temperature, when a *very thin layer of black substance is recognized on their external surface*: it is more easily perceived, and it is thicker, in young than in old teeth. Retzius agrees with Purkinje and Raschkow, in believing that the enamel, previous to the eruption of the tooth, consists of delicate prisms; each prism, upon its solution in muriatic acid, leaves behind a small portion of organic matter. As the latter is not found at a later period, Retzius supposes that it is supplanted by the deposition of earthy matter, so as to remain in a quantity so small as to be incapable of demonstration. The enamel fibres are described by Retzius to be $\frac{1}{151}$ of a line in diameter, the surface of which is marked with transverse striæ, which Retzius believes to be produced by the above-mentioned organic sheath. The fibres of the enamel internally rest upon a delicate membrane interposed between the latter substance and the ivory. Externally, these fibres present a hexagonal form, which is seen by the aid of a lens, magnifying 300 diameters. Where the tooth has not been worn away, the extremities of these fibres are rounded. The enamel fibres are supported upon the ivory in different directions. Towards the apex of the tooth the direction is vertical, and the lowest fibres are transverse. In the lateral part of the tooth there are fibres which are interposed between other fibres, and which themselves do not reach the surface of the ivory. Where the enamel joins the dental bone, it contains at different parts a number of delicate crevices, which appear to have their origins in the separation of the fibres, and produce a dentated appearance, similar to that of the crystalline lens. Retzius states that this appearance is rendered more evident by the immersion of the enamel in a solution of caustic potash, a circumstance which strengthens his belief in the existence of an organic sheath to the enamel fibres. Independently of the transverse striæ on the surface of each enamel fibre, the enamel presents a lamellated appearance, analogous to that of a calculus; this is also evident in ivory generally, but more particularly in that of the elephant's tusk. The fibres of the enamel, like those of the ivory, are more or less tortuous in their course.

3. *The Crusta Petrosa*.—It is universally known that ivory and

* In a paper read at the Medico-Chirurgical Society.

enamel form the principal part of all simple teeth; and previously to the recent investigations in odontology, it was supposed that no other substance was present in the latter. Retzius and Purkinje have, however, proved that a third substance enters into the formation of almost *all teeth*. This substance is the *crusta petrosa* or *cortical substance*. Frederick Cuvier spoke of this structure as existing in the cachalot. It is found on the external surface of the fangs of the teeth of the mammalia. It consists of cartilage and of osseous earth. According to Retzius, "this cartilage may be removed from the fang of the tooth in the form of a membrane, its earthy salts having been previously dissolved in acid; its consistence is less than that of the cartilage of ivory. In the human tooth, it is an extremely thin stratum which takes its origin at the neck of the tooth where the enamel terminates; it gradually increases in thickness towards the extremity of the root, where it is generally the thickest. It is thinner in young than in old persons. In proportion as the *cavitas pulpæ* diminishes, this substance is developed until it sometimes becomes thicker than the dental bone itself." The exostoses, so frequently met with on the fangs of the teeth, are of a composition similar to this structure. It is imperfectly formed in the deciduous teeth. Examined by means of the microscope, it presents tubes and osseous cells, bearing the greatest analogy to those of bone and ivory. Professors Retzius and Owen have seen direct communications between the fine branches of the ivory and the tubes and cells of this substance. Mr. Nasmyth states that it always exists on the surface of the enamel; and Purkinje and Fränkel "once traced it a short way upon the surface of the enamel of the tooth of an old man." The two latter observers state that the *crusta petrosa* has a lamellated structure; they have found it lining the *cavitas pulpæ*, and have given it the name of *substantia ostoidea*. Retzius thinks that after the obliteration of the *cavitas pulpæ*, the *crusta petrosa* is the medium through which nutrient fluids are conveyed to the tooth.

The Cementum.—The structure of which we have just spoken is generally considered to exist upon the root or fang of the tooth only, and to terminate at the point where the enamel is secreted, viz., at the neck of the tooth. As has been stated above, Purkinje and Fränkel, however, once saw this substance covering a small part of the enamel of the tooth of an old man, and Mr. Nasmyth describes it as existing upon the surface of the enamel in most quadrupeds; and he has exhibited specimens and drawings of this disposition in the simple and compound teeth of the human subject, and in the simple tooth of the calf, &c. The cement is a deposition on the surface of the enamel, found in the compound teeth of the herbivorous animals; it has been described by Hunter, Blake, and many other anatomists. Cuvier, in his "*Ossemens Fossiles*," has given a very minute and interesting account of its development and structure in the grinder of the elephant. It is formed by the capsule, as appears to be the *crusta petrosa*; it possesses corpuscles and tubes, as does the *crusta petrosa*; in short, it appears to us that the cementum is simply the *crusta petrosa* existing on the surface of the enamel; not only, as has been hitherto supposed,

in the compound teeth of herbivorous animals, but according to the views of Mr. Nasmyth, in the simple and compound teeth of mammiferous animals. Müller most strangely describes the structure under consideration "as a deposit from the salts of the saliva, and to be essentially the same as what is called tartar in the human subject."

We have given above a condensed account of the views of all recent investigators into the structure of the teeth. We regret that we are prevented by want of space from entering upon the field of comparative anatomy, a field in which Professors Retzius and Owen have pointed out many most interesting and valuable facts.

(To be continued.)

LETTERS FROM THE WEST.—NO. V.

DR. DRAKE AND DR. GROSS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I promised you, in my last, a sketch of Drs. Drake and Gross.

Dr. Drake, I presume, must stand, by common consent, at the head of the profession in Cincinnati, and of the faculty of which he is a member; notwithstanding, in some respects, each one of his colleagues may justly claim a superiority over him. He is the oldest resident physician of the city. He is a native of New Jersey, from which State he moved with his parents at an early age, and settled in Kentucky. About thirty-five years since he came to this place, when there were but few houses in all the extent of ground which is now the site of a city containing fifty thousand souls. He commenced the study of medicine with a Dr. Goforth, an old gentleman remarkably fond of the old European authors. The first book he placed in the hands of his student was *Van Swieten's Commentaries on Boerhaave*, which was most diligently studied day and night. After remaining in the city, in the capacity of student, for several years, the doctor mounted a horse and rode the entire distance to Philadelphia to attend the lectures. There he enjoyed the benefit of instruction from Rush and his able colleagues. After attending one course he practised several years—then returned and graduated. He made a permanent residence in Cincinnati, and in the course of eight or ten years his career as a public medical instructor took its beginning. First, he was a professor in Transylvania; next, president of and professor in the Medical College of Ohio, from which he was most ludicrously expelled; third, professor again in the Lexington school; fourth, professor a second time in the Medical College of Ohio; fifth, professor in the Jefferson Medical College of Philadelphia; and now he holds the station of professor of theory and practice in the medical department of Cincinnati College. I might occupy great space in your Journal even with a brief detail of the history of this eminent man; but I will confine myself within the limits of a moderate letter, and present to you a few prominent features in his character as a practitioner, a professor, an author, and a private individual.

As a practitioner, I believe he does not stand so high in the city as he does abroad. The reason of this appears very plain. His engagements are such that he restricts his practice to an almost limited number of families, and is scarcely ever called out of his limits except to a very difficult case, in which the skill of other physicians seems to be exhausted. He then steps in, and, as might reasonably be supposed, helps the patient to his grave, or (as I have frequently heard it expressed) "orders a coffin." His foreign practice is perhaps only second in the West to that of Dr. Dudley, of Lexington, and in this he has always been remarkably successful. His mode of practice is quite complicated and often experimental. He is fond of anything new in the *materia medica*; hence a common complaint against him among the community is, "he tries too many experiments." He is equally fond of new authors who sustain a high character, and examines with avidity every new theory in medicine upon which he can lay his eyes.

He is not an expert operator. For a number of years past he has devoted his attention to diseases of the eye, and has performed a number of operations upon that organ. Except, then, as an oculist, he cannot be considered a good practical surgeon. I have heard him say that, as long as he had resided in Cincinnati, he had not performed a single amputation; and I believe he is disposed to acknowledge that he would make rather an "awkward fist" with the knife.

As a professor, Dr. Drake, in my estimation, is not second to any man in the United States. I have always associated him with Rush, and surely the father of American medicine could not have contended more zealously for principles in medicine than does the subject of these remarks. His lectures upon the theory and practice of medicine have only to be heard to be appreciated. Such is their plainness, that, unless a student's brain is made up of buttermilk or bonny clabber, they must be understood. His style of lecturing is easy and pleasant; and for the purpose of riveting more closely the attention of all within his hearing, he will often stop, and, under pretext of ignorance, ask of some one present information respecting some anatomical fact. His lectures are not unfrequently spiced with wit and humor.

As an author, the doctor has not yet made the appearance which has long been expected by his numerous friends. For ten years he was the editor of the *Western Journal of the Medical and Physical Sciences*, and now is one of its editors, if, indeed, the periodical has an existence. It has been suspended for nearly a year, but will probably be revived in a short time. He has published a small work upon medical education, and one entitled "*Picture of Cincinnati*;" the latter embracing an account of the topography, climate, botany, and diseases of the greater portion of the Miami Valley. He has now a work upon pathology ready for the press, and another upon diseases of the West, &c., which will likely appear before long. His pen, however, is not exclusively devoted to his profession. He has appeared several times in public as a literary writer.

As a private individual, Dr. Drake is exceedingly agreeable. His sociability is not excelled by any of his professional brethren in the city,

and, in truth, you rarely meet with an individual in the social circle who combines as many excellent qualities as the doctor. He is fond of rational amusements; and it is truly amusing to see him (a man of nearly sixty) engage in the pastimes of the young. He is expert at battledoor or the hoop, and at a cotillion party he can lead out a young lady on the floor with the ease and elegance of a French dancing master. In his conversation he is generally animated, and oftentimes witty. He is dignified in his deportment, without being morose. He is warmly devoted to his friends, and as warmly inveterate to his avowed enemies. He is polite to his private pupils, and treats them with great respect, without being too familiar. He is a man of common stature—has an active, straight-forward walk—and when hurried, runs along with the agility of a boy of fifteen. His countenance is open, and usually brightened by a smile. His head is covered with a thick coat of dark hair, notwithstanding his advanced age. His forehead is far from being a good phrenological one, being shorter, perhaps, than your little finger, and receding.

The next gentleman of whom I wish to speak, is Professor Gross. I think I cannot be doing injustice to any other member of the American profession, nor would I award any undue merit to Dr. Gross, by declaring him the Bichat of America. I have been acquainted with him for five years past, and have always regarded him as a man of talent, education, indefatigable industry and extensive reading. He graduated at the Jefferson Medical College about ten years since, and resided in Pennsylvania until 1832, when he removed to Cincinnati and accepted the office of demonstrator of anatomy in the Medical College of Ohio. Shortly after his graduation he translated a work upon general anatomy by Bayle and Hollard—a small work upon obstetrics, and wrote a book upon the bones. When the new school was organized in this place, he was appointed professor of general and pathological anatomy, physiology and medical jurisprudence, in which capacity he is still officiating. His cabinet of morbid specimens is not excelled by any west of the mountains, and his devotion to pathological anatomy is certainly not equalled in the Mississippi Valley. He has now in press in your city a very large work upon his favorite department, which will be ready for the schools by the fall. He may be considered a young man. I suppose his age is about 35. I must now close. Next week I shall visit Louisville.

Cincinnati, Aug. 7, 1839.

Yours, truly,
W. J. B.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 18, 1839.

AMPUTATION AT THE SHOULDER-JOINT.

ON Monday, the 2d inst., Dr. Walker, of Charlestown, amputated at the shoulder-joint on a lad at Lynn, under the following very peculiar circum-

stances. On the 19th of August, A. E. Blood, aged 13 years, was kicked on the shoulder by a horse, while his hand was on his head. The axilla filled immediately. A physician was sent for, who finding the parts much swollen, but no evidence of anything but a contusion, prescribed the remedies usual in such cases. Eight days from the accident there was a protrusion in the axilla, like a pullet's egg, of a bluish color. By the advice of Professor G——, of N. Y. University, on the fourteenth day, an incision was made through the integuments just over the inferior edge of the pectoralis major. No bleeding or matter flowed from the incision; there was a little bloody serum. The operator not caring to look deeper for matter, merely dressed the wound lightly. The next day arterial hemorrhage occurred from the wound. This was arrested by a compress and bandage, but not so but that it followed again the next day and the day after. It was at this juncture that Dr. Walker was sent for. He found the lad pallid from loss of blood, having lost, as was estimated by the physician, full two quarts. The parts about the shoulder were very much swollen; there was no pulsation at the wrist or in the axilla. On examination, pulsation was perceived in the tumor. The arm was of nearly natural color and temperature, with some appearance of commencing œdema.

Dr. Walker stated to the friends the nature of the case, for the cure of which he recommended one of two operations; either the tying of the subclavian, or amputation at the shoulder-joint. He stated the difficulties and dangers of both operations—the comparative safety of the latter, and the inevitably fatal result of the former, if, in cutting down for the artery, he should cut into the aneurismal cavity, and should be unable to find readily and secure the mouth of the bleeding artery. On a view of all the circumstances of the case, the friends desired Dr. Walker to amputate, which he proceeded to do, the subclavian being compressed, as it passes out of the chest, by an assistant. The arteries were secured by ligature, as they were cut, to prevent further loss of blood. On removing the coagula, about sixteen ounces, after the amputation, and looking for the mouth of the artery from which the bleeding came, the subclavian was found completely severed transversely as it passes under the clavicle, the separated ends of which were an inch and a half apart—so that had an attempt been made to tie the subclavian, the lad could hardly have escaped with his life. In what way was the wound of the artery produced? There was no external wound, and the artery was cut short off as clean as though it had been done with a knife. The lad is now, Sept. 9th, doing well.

Suspension of the Medical Department of the Cincinnati College.—The following documents will at least give our readers an insight into the causes of the dissolution of the new medical school in Cincinnati. We are obliged to condense as much as possible, and regret that we cannot give the letter from Dr. Drake to the Committee, which enters fully into the history of the school, with the many difficulties it has had to encounter. This, however, is the less called for in our pages, on account of the information recently furnished by our respected western correspondent.

At a meeting of the Board of Trustees of the College, on the 20th ult. a committee of conference reported, that

Whereas, the Dean of the Medical Faculty has officially announced to the Board, the actual retirement of Dr. Parker from the chair of surgery;

and that there is not now a majority of said Faculty in Cincinnati to agree upon the nomination of a successor ; and *whereas*, the Board consider it essential that any official action on their part, shall be preceded by the recommendation of some specific measure, from at least such members of the Faculty as are at present accessible ; and *whereas*, such recommendation appears to be precluded for the time being, by the non-agreement of the resident professors, in their several views of the case ; therefore,

Resolved, That the Board of Trustees of the Cincinnati College deem it inexpedient to take any active measures in relation to the Medical Department of said institution, until a majority of the Medical Faculty shall distinctly recommend to the Board some specific course of action, adapted, in their opinion, to the existing emergency.

At another meeting on the 24th, after the consideration of several communications received through the committee of conference from the resident members of the Medical Faculty—some of them proposing, as a preliminary to re-organization, that all the medical professorships be declared vacant—it was, on motion,

Resolved, That all the professorships in the medical section of this College be, and the same are hereby declared vacant.

Resolved, That a committee of three be appointed to confer with the ex-members of the late Medical Faculty, and report to this Board, at the next meeting, the opinion of said faculty as to the practicability of re-organizing the medical department of the institution ; together with such *projects* as may be submitted to them by said faculty, for re-filling the existing vacancies in said department.

At the next meeting, on the 27th, the committee reported that they had addressed communications to the late professors, Harrison, Drake, Gross and Rives (the other ex-professors being absent from the city), enclosing to them, severally, the resolutions of the Board passed on the 24th inst.—and that the committee had received the replies of those gentlemen.

The committee greatly regret that they have been forced to the conclusion, by the character of the answers received from the late professors, that, for the present, the re-organization of the medical department is wholly impracticable, and therefore recommend that the department be suspended ; for which purpose the committee respectfully submit the following resolutions :

1st. *Resolved*, That the Medical Department of the Cincinnati College be, and the same is hereby suspended.

2d. *Resolved*, That the Board of Trustees have acquiesced with regret in the necessity of suspending the Medical Department of the College, and, in taking leave of the several professors, they unanimously concur in the expression of their high sense of the character and qualifications of said professors ; as evinced in the acknowledged skill, ability and success with which they have uniformly discharged their official duties in the institution.

3d. *Resolved*, That the said medical professors will be accompanied in their retirement by the best wishes of the Trustees for their future professional success and prosperity.

Annals of American Surgery.—Some time since mention was made of the intention of Dr. J. R. W. Dunbar, of Baltimore, professor of surgery and surgical anatomy in the University of that city, to publish a complete *History of American Surgery*. In order to accomplish an undertaking

of such magnitude, embracing a vast geographical field, it is necessary that he should be in possession of everything which has been published in this country, from its earliest settlement, together with all important facts in the private practice of eminent operators, but of whom no permanent record has been made. It is in the power of a multitude of practitioners to transmit something illustrative of men and the practice of surgery in the States before the establishment of medical journals, and it is to be hoped, therefore, that any individual who can cast in a mite, will not neglect to render the assistance which is so urgently solicited. Papers, reports of cases, historical documents, trials for malpractice, decisions of tribunals, statistics of hospitals, &c., may be transmitted immediately to Dr. Dunbar, or sent to the address of the following gentlemen, viz., Dr. Bell, Philadelphia; Dr. A. S. Doane, New York; Professor J. E. Cook, Louisville Medical Institute, Louisville, Ky.; Professor E. Geddings, Charleston, S. C.; Professor Jones, New Orleans; Dr. J. M. Warren, and the editor of this Journal, Boston.

University of Baltimore.—By referring to our advertising page it will be seen that the Medical Department of the University of Baltimore, has made praiseworthy preparations for the coming course of lectures. The Marine and City Hospital presents an admirable field for clinical observation, under the immediate direction of the professors.

Berkshire Medical Institution.—Prosperity attends this thriving school of medicine, and we trust it always will. Although rival institutions have sprung up at all points of the compass in its neighborhood, the faculty have a reputation that ensures success.

Artificial Anus made in the Groin, with success.—An infant three days old did not present any traces of the anal opening. The raphe of the perineum extended without interruption from the scrotum to the point of the coccyx. The abdomen was tender and tympanitic, but there was no vomiting. The infant had taken the breast several times, and had passed its urine without difficulty. An incision of several lines in length was made over the supposed situation of the anus, and carried to the depth of three quarters of an inch or more, but without success. It was decided then to open the cæcum in the right iliac fossa. An incision was made near the anterior iliac spine; a small knuckle of intestine presented itself, which was replaced, and the cæcum was found without difficulty. It was opened, and several ounces of meconium immediately escaped, followed by a remarkable amelioration of the symptoms. The progress towards cure was very rapid; the alvine evacuations continued to be passed by the artificial opening, and on the eighth day after the operation the sutures were removed.—*British and Foreign Quarterly.*

Retention of a Halfpenny in the Œsophagus for thirty-nine Days.—By R. DAVEY, SURGEON, Walmer, Eng.—On the 20th of May, a boy, of healthy appearance, aged six years, son of a fisherman, accompanied by his mother, presented himself at my surgery for advice. The woman stated that her son had swallowed a halfpenny about three hours before;

that he had continued retching, at times had great difficulty in breathing, and was unable to swallow. Upon examination I found that the piece of money lay about four inches down in the œsophagus. It was impossible to extract the coin, for so great was the irritation, that upon the slightest attempt, even to open the mouth, violent retching commenced. Having ascertained that the piece of money lay across the passage, and that the boy could swallow liquids, I ordered him to be kept quiet, endeavored to allay the irritation and fever, and directed him to take farinaceous food, with saline purgatives, &c.; but it was not until Friday, the 28th of June, that I found I was able to introduce a hooked probang, which then extracted the halfpenny without pain, the piece of money having been in the throat thirty-nine days. The boy is now perfectly well, although much reduced.—*Lancet*.

Medical Duels.—Dr. Baillie was rejected at the College, He called the next day on Dr. Barrowby, who was one of the censors, and insisted upon his fighting him. Barrowby, who was a little puny man, declined it. "I am only third censor," said he, "in point of age—you must first call out your own countryman, Sir Hans Sloane, our president, and when you have fought him and two senior censors, then I shall be ready to meet you." Many medical duels have been prevented by the difficulty of arranging the "*methodus pugnandi*." In the instance of Dr. Brocklesby, the number of paces could not be agreed upon; and in the affair between Akenside and Ballow, one had determined never to fight in the morning, and the other that he would never fight in the afternoon.—John Wilkes, who did not stand upon ceremony in these little affairs, when asked by Lord Talbot "How many times they were to fire?" replied, "Just as many as your lordship pleases; I have brought a bag of bullets and a flask of gunpowder with me."—*Physic and Physicians*.

Medical Miscellany.—The Mobile Journal of the 3d inst. contains the following unpleasant announcement: "We regret being compelled to state that the health of our city is worse, and that the number of deaths has greatly increased within the last two days past."—At New Orleans, from the 9th to the 29th ult. the number of interments was 256, of which 179 were reported cases of yellow fever; 95 of the whole died in the Charity Hospital. During the month of August, the number of interments in the same city was about 700; probably 500 by yellow fever.—Morison's Hygeian pills have been the means of another death in England. At the inquest it appeared that the deceased had taken twenty of the pills the day before he died, and twenty in the morning of the succeeding day. A verdict was rendered accordingly. The coroner informed the agent who sold the pills, that had there been full evidence of his being the vender, with the directions accompanying them, he should consider it the duty of the jury to find a verdict of manslaughter against him.—A case is related in the London Lancet, by Dr. Parkes, the attending physician, in which uterine hemorrhage after delivery was arrested by the action of retching. Presuming that a contraction of the abdominal muscles would act on the uterus and tend to allay the bleeding, the fauces were excited by a feather, causing considerable retching, which had the desired effect.—The British and Foreign Medical Review, in an article on midwifery, written by the editor, speaks very favorably of Dr. Hull's utero-abdominal supporter.—

Dr. Conolly, who has heretofore been associated with Dr. Forbes as editor of the above-named periodical, has recently received the appointment of Resident Physician of the Middlesex Lunatic Asylum, and the Review will therefore hereafter be conducted by Dr. F. alone.—Another attempt will be made this (Monday) evening by the Mayor and Aldermen of Boston, to elect a physician to the city's institutions at South Boston. Dr. Butler, of Worcester, has been chosen by the Common Council.

MARRIED,—In New York, Dr. Alexander F. Suter, U. S. A., to Miss Grace Ann Degin.—In Hartford, Ct., Simeon Palmer, Jr., M.D., of Milton, Mass., to Miss Maria B. Spenser, of H.—In Boston, Joseph Moriarty, M.D., to Miss Elizabeth Lowell, daughter of John Hancock, Esq.

DIED,—At New Orleans, of yellow fever, Dr. P. Damour, of Montreal.

Whole number of deaths in Boston for the week ending Sept. 14, 87. Males, 19—females, 18.

Of consumption, 3—marasmus, 2—diarrhoea, 1—worms, 2—typhous fever, 2—infantile, 2—croup, 1—debility, 1—cholera infantum, 5—sudden, 1—scarlet fever, 1—dropsy on the chest, 1—dropsy, 1—inflammation of the bowels, 2—colic, 1—disease of the heart, 1—liver complaint, 1—dysentery, 1—cholera morbus, 1—lung fever, 1—suicide, 1—smallpox, 1—old age, 1—child-bed, 1—stillborn, 2.

WASHINGTON UNIVERSITY OF BALTIMORE.

Medical Department.—Session, 1839—1840.

THE regular Lectures in this institution will commence on the last Monday of October, and continue to the 1st of March. The Faculty consists of the following professors, in the order of their appointment.

J. H. MILLER, M.D., Professor of Anatomy and Physiology.

SAM'L K. JENNINGS, M.D., Professor of Materia Medica, Therapeutics, and Legal Medicine.

WM. W. HANDY, M.D., Professor of Obstetrics, and Diseases of Women and Children.

JOHN C. S. MONKUR, M.D., Professor of Institutes and Practice of Medicine.

EDWARD FOREMAN, M.D., Professor of Chemistry.

JOHN R. W. DUNBAR, M.D., Professor of Surgery and Surgical Anatomy.

W. B. HANDY, Demonstrator of Anatomy.

The plan of this institution is a new one in this country. The college buildings are so constructed, as to present peculiar advantages to the student, which every intelligent medical man will at once perceive, as this plan unites a Medical College, Marine and City Hospital, Rooms and excellent Board for a large number of resident students, who have the charge of the patients under the direction of the professors. Clinical lectures are delivered during the session, on Medicine and Surgery, by the professors of the respective chairs. Northern students who contemplate emigrating to the middle and southern States, are invited to examine the plan and location of this institution.

Additional information in reference to the plan, terms, &c., and a circular, may be obtained by a letter addressed to

JOHN R. W. DUNBAR,

Dean of Medical Faculty.

S 18—tN

SITUATION.

A PHYSICIAN, in a pleasant part of the "Connecticut Valley," wishes to dispose of some personal property, &c., and remove. Reference, for name and place, to the publisher of the Journal.

S 18—St

TO PHYSICIANS.

A PHYSICIAN who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid.

S 18—tf

MEDICAL INSTITUTION OF YALE COLLEGE.

THE Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

BENJAMIN SILLIMAN, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.

ELI IVES, M.D., Professor of the Theory and Practice of Physic.

WILLIAM TULLY, M.D., Professor of Materia Medica and Therapeutics.

JONATHAN KNIGHT, M.D., Professor of the Principles and Practice of Surgery.

TIMOTHY P. BEERS, M.D., Professor of Obstetrics.

CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are \$12 50 for each course, except that on obstetrics, which is \$6. The matriculation fee is \$5, and the contingent bill for the course on chemistry, \$2 50. The expense of a full course, therefore, is \$76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is \$15.

CHARLES HOOKER, *Secretary.*

Yale College, August 1, 1839.

Aug 7—6t

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:

JOHN C. WARREN, M.D.

JACOB BIGELOW, M.D.

JOHN RANDALL, M.D.

EUFUS WYMAN, M.D.

WALTER CHANNING, M.D.

ENOCH HALE, M.D.

GEORGE C. SHATTUCK, M.D.

GEORGE HAYWARD, M.D.

JOHN WARE, M.D.

At the annual meeting of the Committee, on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the pathology and treatment of Rheumatism," with the motto "Frustra fatigamus remediis ægros;" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "Kunst macht Gunst." On opening the accompanying sealed packets, EDWARD WARREN, M.D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz.:

1st. "The pathology and treatment of Typhus, and Typhoid, Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz.:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the Teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

A14—4t

Boston, August 7, 1837.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by

JOHN C. WARREN, M.D.

Chemistry, by

JOHN W. WEBSTER, M.D.

Midwifery and Medical Jurisprudence, by

WALTER CHANNING, M.D.

Materia Medica and Clinical Medicine, by

JACOB BIGELOW, M.D.

Principles of Surgery and Clinical Surgery, by

GEORGE HAYWARD, M.D.

Theory and Practice of Physic, by

JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—tN

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

T H E
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXI.

WEDNESDAY, SEPTEMBER 25, 1889.

No. 7.

DEAFNESS RELIEVED BY INJECTIONS OF WATER THROUGH THE
EUSTACHIAN TUBES.

BY JOHN H. DIX, M.D., BOSTON.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have deferred communicating through your Journal the following cases, until sufficient time should elapse to establish, at least with regard to the earlier ones, the permanence of the relief afforded.

The catheter used is an inflexible one of silver, similar in form and curvature to that recommended by Dr. Kramer, but smaller, the diameter of the bore being less by one half, and the length four inches and three quarters. Through this catheter with a two ounce syringe a jet may be thrown twenty-two feet. About thirty ounces of water is used at a sitting.

The amount of hearing is supposed to be measured by the distance at which the patient hears the ticking of a watch, audible to a sound ear at the distance of fifty inches and a half, or four feet and a quarter; although this is by no means a perfectly satisfactory test, there being sometimes a capacity of hearing at the ordinary distance a uniform repetition of the same sound, without the power of readily distinguishing the varied tones of conversation or music; just as certain differences of shade and color are inappreciable by eyes which in other respects are good.

Some years ago I met with a gentleman, to whom I could not with any effort render my voice audible, and yet he could hear the ticking of a watch two and a half feet distant from the right ear. Recently a person called upon me, deaf as regards useful hearing, and still giving unquestionable proof of hearing my watch at the distance of twelve feet. And I have to-day seen a gentleman, who can converse without difficulty in a quiet apartment, and says that he is deaf only as to distant sounds, who hears my watch not at all with the left ear, and but indistinctly with the right, when pressed against it. This discrepancy is strikingly exhibited by the result of experiments on the ears of ten persons supposed to hear perfectly, in order to ascertain the average hearing distance of my watch. They are as follows: A hears with the right ear 18 inches, with the left 12 inches. B, right ear $7\frac{1}{2}$ feet, left 8 feet. C, right ear 3 feet, left $5\frac{1}{2}$. D, right ear 7 feet, left $7\frac{1}{2}$. E, right ear 3 feet, left $3\frac{1}{2}$. F, right ear 11 inches, left 15 inches. G, right ear 3 feet, left $3\frac{1}{2}$ feet. H, right ear $3\frac{1}{2}$ feet, left $3\frac{1}{2}$. I,

right ear 5 feet, left 6 feet. J, right ear $4\frac{1}{2}$ feet, left $5\frac{1}{2}$ feet. In no case, however, has the hearing distance of the watch increased, without either the patient or his friends being sensible of improvement in other respects, though frequently it is much less, and sometimes greater, than might be reasonably expected, and probably no one sound could be taken to indicate the degree of improvement, which would not be liable to the same objections.

I. *June 22d*, 1837.—Miss M. A., of Andover, has been deaf in the left ear, and partially so in the right, for three years past. At this time she cannot hear conversation at all upon the left, and but imperfectly on the right side. The ticking of the watch is inaudible in contact with the left ear. There are heard in the left ear various noises, the most troublesome of which is a roaring as of waters on a beach, sometimes accompanied with shrill sounds, and so loud as to prevent attention to any other circumstances. For the last three weeks it has been unusually loud and frequent, and it is especially with reference to this, as she says, “distracting noise,” that she now applies for aid.

On the right side an imperfection of hearing was first observed two years since, but from February last it has been rapidly failing, with the occasional accompaniment of a roaring noise similar to that on the left side. Watch audible upon this ear.

She has been subject to catarrh from early life, and the symptoms are now aggravated when she takes cold. On making a forced expiration, with the mouth and nostrils closed, no air can be forced through the Eustachian tubes. The mucous membrane about the fauces slightly reddened, and the tonsils just visible.

Nov. 9th.—The injection of the Eustachian tube with water was performed at three sittings on the right side, and eight on the left, before any sensation was conveyed to the ears. About once a week two leeches were applied behind the angle of the jaw on the left side. The sittings being persevered in daily, the hearing of the right ear began to improve after the twelfth, and the hearing of the left after the thirtieth sitting, the noises, however, remaining as troublesome as before, except for a day or two after the application of leeches. Two days since, after the thirtieth sitting on that side, water was felt to pass into the internal ear on the right side; and yesterday, after the seventy-first sitting, into the left ear also. The watch is now audible with the left ear one foot, and with the right three feet. The right ear is perfectly free from noise, and in the left a very low murmur remains.

June 8th, 1838.—Miss A. returns, wishing to have the Eustachian tube of the left side again injected, as she cannot force air through it so easily as at the close of the treatment in November, 1837, and the hearing distance of the watch is less by six inches. The noise has not increased. She has had colds occasionally during the winter.

July 20th, 1838.—There have been one, two, and in some cases three sittings daily, for the left side, with gradual improvement of hearing. After the forty-fifth sitting, water passed into the chamber of the tympanum, and since that time there have been sixteen sittings for injection with rose-leaf tea, with the view of correcting the morbid

condition of the mucous membranes. The hearing distance with this ear is now two feet. The right ear has maintained the same hearing distance during the year. Miss A. has had altogether one hundred and sixty-six sittings.

I have, in the course of the last month, seen Miss A. Her hearing continues as above, the low murmur in the left ear remaining. She converses with ease, and hears the services at church without difficulty.

II. *Sept., 1837.*—Miss W., of Andover, had been for many years deaf in both ears, principally the right, in which there was also tinnitus. She could not hear conversation in the ordinary tone when seated near the speaker. Had been subject to catarrhs. Miss W. had thirty sittings. Of this case either no minutes were made, or I have lost them, and cannot, therefore, give the measure of improvement by the watch. That it must have been very considerable is evident from a letter dated May 29th, 1838, from which, for the want of more precise data, I make such extracts as refer to the deafness.

"Sir,—Consistently with your request, I write you, and am highly gratified to say, consistently with truth, that after having suffered the trials consequent to deafness for nine or ten years, I have now the important sense of hearing very much improved, I do not know but I can say with propriety, nearly restored to perfection." "I am not at all troubled to hear common conversation, or public prayers and discourses, unless the speaker's voice be quite low, though I sit far more distant than formerly." "Still, I cannot hear persons who speak quite low, or indistinctly." "Strangers do not discover that I am at all troubled, as they are not obliged to raise their voices above the common pitch." "My friends and acquaintances all agree that my hearing is vastly improved."

A relative of Miss W. informs me, that her hearing remains unimpaired at the present time. Of the tinnitus no mention is made in the letter, and I presume that it also was relieved. Miss W. was directed to gargle the throat, after her return home, with the infusion of red rose leaves.

III. *October 22d, 1838.*—Mr. C. F., æt. 18, of Boston, had always been deaf, but at times the deafness has been temporarily increased under the influence of catarrh. From the age of sixteen, attacks of catarrh have been more frequent, and hearing not so fully restored as formerly during the intervals. There has always been in the right ear a shrill singing noise, not varying with the state of the hearing, and occasionally a similar noise affects the left. Mr. F. can now hear my watch with the right ear two and a half inches, and with the left six inches off. Air is with great effort forced into the chamber of the tympanum, and reaches the left ear a few seconds before it does the right. After the passage of air into the internal ear, the watch is heard four inches from the right, and eight inches from the left ear; but in the course of an hour, this improvement disappears. There is a general redness about the velum and tonsils, with here and there a distinct red vessel.

April 3d, 1839.—The daily application of a stimulating liniment externally to the throat, with gargles of infusion of red rose leaves and

alum, and the use of a dry diet, having been premised for a fortnight, with the effect of lessening the congestion of the mucous membranes; injections of the Eustachian tube of the right side were commenced, and continued at very irregular intervals. There have been for the right ear thirty-seven sittings, and for the left four. The injections for the left side are all within the last fortnight, and previous to them a marked improvement had taken place in this ear. Meanwhile the liniment, gargles and dry diet have been, with occasional remissions, adhered to. The watch is heard with the right ear fourteen, and with the left fifteen, inches off. The tinnitus has gradually diminished, is never experienced in the left ear, and in the right is occasionally just perceptible.

Here, contrary to my urgent remonstrances, the father of the patient thought proper to suspend the treatment, telling me, at the same time, that he, as well as his son, were sensible that the deafness had been much relieved during the treatment, independently of any indications derived from the watch. To-day, August 30th, 1839, Mr. F. tells me that during the spring and summer he has several times suffered from catarrh, and that after each attack there has been a diminution of hearing. He has lately made himself a catheter of block tin, and succeeded in injecting the Eustachian tubes himself. The hearing distance of his right ear is now eight, and of the left, eleven inches. (Whether he has obtained with his self-injecting apparatus the relief which his perseverance and ingenuity deserve, I have not yet learned.)

IV. *February 10th, 1839.*—J. L., ship-carpenter, of Boston, æt. 20, has been deaf for as many years as he can remember, whenever affected with catarrh, to which he is subject. Of late years hearing has been much impaired during the intervals of these attacks, and now, having recently had a severe cold, he is with great effort only made to hear conversation. There is in the left ear a roaring as of the surf upon a beach, and in the right a low hissing, as of a teakettle. With the left ear the watch is very faintly heard when pressed against it. With the right it is heard at the distance of two inches. On expiration with the mouth and nostrils closed, air is said to be felt in the chamber of the tympanum of each ear; but on applying the air douche, both Eustachian tubes are found to be impervious. Slight redness and tumefaction about the fauces. Patient is of full, plethoric habit. Three leeches behind the angle of the jaw on each side. Tinct. canth. fort. around the throat. Gargle of rose-leaf tea, and dry diet.

February 16th.—Water has been injected four times on the left side, and the watch is now heard three inches distant.

March 20th.—Since last date the Eustachian tubes of the right and left side have been operated on alternately, making ten sittings for the right and eight for the left ear. The gargle and tincture have been used, but not so assiduously as before. The watch is now heard ten inches from the right, and four from the left ear. The tinnitus of the left side is hardly recognized, and that of the right side somewhat abated. Converses with much greater facility than before. Is obliged to leave town.

V. *February 12th, 1839.*—Miss B., æt. 24, of Charlestown, has

been subject, since she was twelve years of age, to inflammations in the meatus externus, which resulted in a temporary otorrhœa, not attended, as she thinks, by deafness. She has also, from her earliest recollection, been subject to catarrh of the nasal passages, every attack of which was followed by deafness. Hearing became gradually imperfect, but not enough so to interfere with common intercourse, until in April of 1838 she had a very severe attack of catarrh, extending to the mucous membrane of the bronchiæ. During this illness she was exceedingly deaf, and much annoyed with a ringing sound in the right ear. Up to the present time, the deafness and tinnitus have been increasing, and she can now hear my watch at the distance of nine inches with the left ear, but cannot hear it at all with the right when placed in contact with it. Having the left ear closed, and standing very near to it, the ringing of the bell on Mr. Walker's meeting house at Charlestown, does not convey to her any sound. Traces of chronic inflammation are seen about the posterior fauces and tonsils. The air douche makes no impression on the Eustachian tube of the right, but is slightly perceptible on the left side.

March 3d.—Injections of water into the Eustachian tube were commenced upon the right side; and after the fourth sitting, the ticking of the watch, when pressed against the ear, was faintly audible. After the sixth sitting it was heard when not in contact with the ear; and to-day, after the fifteenth sitting, it is heard four inches from the ear, these four inches being gained at this sitting, in the course of which a plug of inspissated mucus is ejected from the nostril, about an inch in length and corresponding in shape to the cavity of the Eustachian tube.

March 29th.—Since the last date, Miss B. has had eight sittings, with a further improvement of the hearing distance of the right ear to six inches, until within the last week, having been confined to the house with a severe cold, the hearing distance has diminished to two inches. Emp. cerat. canth. behind angle of jaw.

May 2d.—The Eustachian tube of the right side has been injected, since March 29th, ten times, at the last six sittings rose-leaf tea being substituted for water. On the left side the operation has been performed six times. Hearing distance of right ear eight inches, and of left eighteen inches. Directed, during the summer, to shower the back of the neck daily with cold water. In this case the improvement, as respects conversation, music, &c., was greater than in the preceding ones, or at any rate elicited stronger expressions of gratitude.

VI. May 23d, 1839.—Mr. F., æt. 25, of Boston; six years ago having, in the course of a few months, grown very rapidly, and being at the time troubled with dyspepsia, was suddenly, while suffering from a sick headache, attacked with a buzzing noise in the right ear, but without any sensible diminution of hearing. Mr. F. is subject to catarrh, but is not aware that the tinnitus is increased or hearing diminished during its continuance. In the autumn of 1837 Mr. T. called upon me, and was recommended to apply leeches within, and blisters behind the ear occasionally, which he did for five weeks, without any improvement. In the following spring, he walked in one day about forty miles, getting

fatigued, heated, and in a free perspiration, immediately after which the noise in the right ear abated one quarter.

Now Mr. F. hears my watch seven and a half inches from the left, and eleven inches from the right ear, in which the buzzing noise continues to be very troublesome. Air passes to the chamber of the tympanum with considerable effort on both sides, but with greater difficulty, and not so speedily, on the right. No marks of recent or chronic inflammation of the mucous membrane of the fauces and velum. Is of rather spare habit.

May 30th.—Has had seven sittings for the water douche, with an improvement in the right ear, upon which alone it has been practised, to twenty-five inches hearing distance. Water now passes freely into the ear, and air with equal facility into both. The tinnitus is not at all diminished.

June 6th.—After an interval of three days from the close of the injections with water, the gas douche of acetous ether, in the manner recommended by Dr. Kramer in erethitic affections of the auditory nerve, was applied daily, for five days, without any relief from the noise, and after some of the sittings with a temporary dullness of hearing.* To-day the hearing distance of the right ear is twenty-five inches.

July 4th.—Since the termination of the treatment, June 6th, the hearing distance has been steadily at twenty-five inches, and the tinnitus has subsided so much that it is scarcely felt, and gives him no annoyance. The obstruction in this case was probably situated not in the Eustachian tube, but in the chamber of the tympanum.

VII. *July 18th, 1839.*—Miss L., of Lynn, æt. 28, has been deaf for ten years in the right ear. The deafness commenced with a very severe cold in the head, gradually increased for seven years, and for three years past has been as at present. Eight years ago hearing began to fail in the left ear, which, as nearly as she can remember, became as deaf as it now is in three years. There has been in both ears, from the commencement of the disease, and increasing with it, very troublesome tinnitus, which she compares to the roaring of waves on the sea-shore, accompanied sometimes with the chirping of crickets, and more rarely the ringing sound of bells. During these ten years, she has been subject, though very seldom, to catarrh, by which the deafness and tinnitus are temporarily increased.

Now my watch is not audible in contact with either ear, and to converse with her at a short distance requires great effort, the right ear being rather less deaf than the left. Making an expiration, with the mouth and nostrils closed, she thinks that she perceives a slight pressure in both ears. With the air douche it is impossible to force air through the Eustachian tubes into the tympanum of either ear. No visible signs of a morbid condition of the mucous membranes.

July 23d.—Has had four sittings for the right side, and is sensible that the water reaches farther than at first. The tinnitus in this ear is

* A few cases of erethitic nervous deafness, in which I have had recourse to the treatment by this gas, as suggested by Dr. K., have been highly successful; but one of the persons most benefited being absent, I delay reporting them until an opportunity occurs of ascertaining that the improvement is lasting.

diminished. Does not hear my watch, but her friends think that there is some improvement in conversation.

July 20th.—Has had two injections daily ; in the morning on the right, and in the afternoon on the left side, making ten sittings for the right and six for the left ear. The tinnitus in both ears is not so loud, by one half, as formerly, and is not aggravated by fatigue, as it used to be. My watch is audible upon the right ear, but not upon the left. A louder watch, which she has formerly heard when pressed against the right ear, is now heard an inch from it. Patient and her friends are sensible of an improvement in hearing, and it is not now liable to the temporary diminution which accompanied the increase of the tinnitus from fatigue.

The preceding cases do not, of course, claim to be cures (if by a cure is understood the restoration of an organ to the full exercise of its original functions); nor are they to be considered as giving a fair example of the benefits to be expected from this operation ; but only as showing that it is possible, in suitable cases, to effect by it a very desirable improvement of hearing and cessation of tinnitus. These cases are, in fact, selected as the most favorable among sixteen ; of the remaining nine of which, three were somewhat benefited, and six not at all improved. In estimating, however, the true value of this mode of treatment, some deduction should be made from the number of incurable cases, for two reasons. First, the exaggerated statements of foreign operators might easily induce one, in the first pursuit of a new mode of treatment, to attempt cures, which, in the light of later experience, would be rejected. Secondly, previous to the re-publication, by Dr. Dunglison, of Kramer's excellent work upon diseases of the ear, I was unprovided with a very important means of diagnosis.

This means of diagnosis is the air douche, effected by an air pump and receiver of the condensed air, which is in many cases indispensable for the accurate investigation of the state of the Eustachian tubes and internal ear. For instance—in two of the above cases, according to the patient's own account of his sensations, the Eustachian tubes must have been open, and yet, upon applying the air douche, no air was heard to rush into the ear ; and the result of the treatment in these two cases proves the correctness of the indication derived from it. On the other hand, these passages may be supposed by the patient to be closed, when they are free. An intelligent young man had had twenty-two sittings for the water douche, with relief of tinnitus and slight improvement of hearing ; but for the ten last sittings, there had been no amendment in any respect, but, on the contrary, the tinnitus was somewhat increased. Patient was confident that, during these ten sittings, the water had made no progress, and equally confident that it had not reached the internal ear ; it seeming to him to be arrested by some obstacle near the entrance of the Eustachian tube into the chamber of the tympanum. A single air douche gave to my ear the full rushing sound, diagnostic of an Eustachian tube and internal ear unobstructed.

But, admitting the value of this instrument as a means of diagnosis, I am not satisfied of its superiority to the water douche in a therapeutic

tical point of view ; in other words, of its power to remove obstructions of considerable density from the Eustachian tubes and chamber of the tympanum, and to change the morbid condition of the mucous membrane of these parts. Repeated trials of the air douche, on a large number of persons, have resulted in the permanent benefit of none, and the temporary relief of two. In one of these cases, there was in the course of six sittings for the air douche, a gain in the hearing distance of the right ear, from six inches to three feet ; and of the left ear, from eleven inches to two feet ; but after a few days, in spite of the repetition and increased force of the douche, the hearing distance gradually receded, so that in a fortnight there remained only a gain of four inches on the left, and three on the right side—an improvement which the patient did not appreciate in other respects, although some of her friends did. In another case, the hearing distance of an ear was raised by three sittings from one inch to three, but could not by any effort be made to advance, and a month afterwards was found to have returned to its original distance ; a troublesome tinnitus, which accompanied the deafness, remaining throughout unaltered. At the present time I have under treatment a case, of which the very decided and rapid improvement, if lasting, will induce me to modify my opinion and practice, and to suppose that the previous want of success with this instrument has been owing, either to a remarkable coincidence of immovable obstructions and undilatable strictures, or to a want of dexterity in the operator.

But, though this and other similar cases should be finally successful, the air pump cannot altogether supersede the water douche ; since, to some of the cases above detailed, which yielded to injections of water, the air douche had been several times applied with great force. It seems, indeed, to be a matter of every-day experience, that a jet of water will soften and remove substances, upon which a stream of air, of any practicable degree of condensation, might play forever, without making an impression.

In point of convenience, however, the air is certainly preferable to the water douche ; if successful, it is more speedily so ; and, as far as my experience goes, it is less likely to occasion any local or constitutional inconvenience. Under the use of the water douche, transient pain in the ear, dizziness and fainting have sometimes been produced ; under the use of the air douche, never, and I have applied the latter to a greater number of individuals, though not at so many sittings. When the Eustachian tubes are free, it cannot be necessary, in making the diagnosis, to effect more than a very slight degree of condensation, for by some persons, with a strong, quick effort of expiration, the rush of air into the chamber of the tympanum can be rendered faintly audible to the operator ; and in cases of closure, with all the condensation that can be effected, the air gains admission to the tympanum, if at all, only in a very fine stream, the progress and gradual enlargement of which are very distinctly and unequivocally marked to the ear of the operator, and instantly controllable by the stop-cock. The fact that Dr. Kramer, who has had a vast amount of experience, and, what is of more

importance, writes with great intelligence and apparent fairness, makes no allusion to anything more serious than a temporary increase of tinnitus and dulness of hearing in cases of erethitic nervous deafness, from the use of the air douche, militates very much with the idea that any danger is to be apprehended from the judicious use of it.

In the cases of supposed fatal result, which appeared in the London Medical Gazette of July 6th, 1839, and were copied into the tenth number of the Medical Library and Intelligencer, of only one of which the details are given, and that in a most meagre and unsatisfactory manner; either some injury was inflicted by an awkward introduction of the catheter, or the air pump used was one of enormous power, or else the medical witnesses in the case were mistaken—an alternative not unprecedented, and certainly not remarkable, considering the very inadequate grounds upon which their testimony is founded.

September 12, 1839.

DEAR SIR,—Since the preceding article was sent to you, the No. of the London Lancet for August 3d, has been handed to me by a friend. It contains some remarks upon the supposed case of death from the use of the air pump, so strikingly corroborative of those which I made at the close of my communication, that you would much oblige me by giving an insertion to the following quotation. The writer, in speaking of it, says:

“It is not my intention, on the present occasion, to discuss the cause of this event, my object being merely to state that the operation was not performed in the manner recommended by Kramer, Itard, Deleau, and others, or, I am quite sure, from actual experience, no ill effects could have followed. It would be a pity that an acknowledged improvement in the practice of aural surgery—which, as the British and Foreign Medical Review truly says, is “indispensable for the diagnosis and treatment of the disease of the middle ear, directly, and indirectly, as a means of diagnosis at least, in many kinds of deafness”—should be allowed to fall into disrepute on account of an accident so clearly the result of a want of common precaution, if not of experience.

“It is much to be feared that the operation of catheterism of the Eustachian passages has been attempted by parties totally ignorant of its common principles, and quite incapable of discriminating the proper cases for its employment; and, in proof of this, I may mention the following incident just as related to me by a gentleman at this moment on my list of patients. He had been operated on, by one of these persons, who used an air-press, which he described as being ‘as big as his hat;’ it had the effect of blowing him out of town, very ill, for a month. On his return he met this *quondam* specific doctor, who accosted him with ‘Ah! I have been wishing to see you; we shall be sure to succeed now; I have got a magnificent instrument, five times as big as the last!’

“Since the late accident this person had fallen back on his *specific of acoustic drops*, and now, in his daily advertisements, repudiates catheterism as painful and dangerous.

"Air-presses are now at a discount among quacks. So much the better. Catheterism of the Eustachian tube, as we have seen, may, like everything else, be abused, but when skilfully performed, and with discrimination employed, I have no hesitation in pronouncing it to be one of the greatest improvements in modern surgery, and as safe as bleeding in the basilic vein. 'It is an operation of tact, to be acquired after long experience; but once possessed of that *sine qua non*, it is surprising with what ease and certainty it is effected, and how simple and painless it proves.'" Your obedient servant, J. H. D.

Sept. 18th, 1839.

LETTERS FROM THE WEST.—NO. VI.

LOUISVILLE MEDICAL SCHOOL.—DR. CALDWELL.—DR. COOKE, AND HIS TREATISE OF PATHOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Since writing my last letter, I have paid a visit to Louisville, and have acquired some information respecting the new medical school in that city. The project of forming a school there originated, I believe, with Dr. Cross, now of the Transylvania institution. A faculty was almost organized in 1833, and it was contemplated to raise a school which should present many advantages for students over Lexington and Cincinnati. It is very true that Louisville is the best site west of the mountains for a medical institution, and all that is necessary to render the city the focus of medical literature and science for the Mississippi Valley, is good material. It is a great central meeting place for the west and south. At the time when Dr. Cross was making exertions to establish a medical department of Centre College, Dr. Caldwell, then professor in Transylvania, came out in a lengthy pamphlet entitled "Thoughts on the impolicy of multiplying medical schools in Kentucky;" and it was thought by many that this powerful effort of a powerful mind was the means of crushing the project on the spot. How this was, I cannot say; but the school never went into operation. It was *quarrelled* out of being.

Two years ago, upon the dissolution of the medical faculty of Transylvania, Dr. Caldwell (having received a regular expulsion by the Trustees from this body) repaired immediately to Louisville, and set on foot a plan for a rival institution. By the fall of 1837 the faculty was made up, and lectures commenced with a class of eighty students. A furious warfare has been carried on between the two Kentucky schools since the very first medical lecture was delivered to a class of students in Louisville. Last winter the medical class in that city numbered 120. The prospect for success seems very fair. They have erected a splendid edifice for a college, and seem determined to "go ahead." The professors are gentlemen of acknowledged abilities, and have thus far given great satisfaction. I must say a word respecting two of their members, Drs. Caldwell and Cooke.

Dr. Caldwell is unquestionably the champion of the school. To use a common phrase, he is their "big gun." There is no doubt of the doctor's mental abilities. No one can deny that he is a man of great intellect. He can wield a powerful pen upon almost any subject which you will present to him, and I have often thought that he would make a splendid advocate or *special pleader* at the bar.

I cannot think, however, that Dr. Caldwell has a well-balanced mind. His *organs* need very considerable training yet, notwithstanding he is a man of three score years. He is rather fond of musing and speculating upon the splendid and fanciful, both in physics and metaphysics, and rarely thinks of coming down to plain, common-sense, every-day matters. He theorizes too much, and observes too little. He may be able to tell his class of the tissues of the body, their several offices, and what would likely be their various morbid derangements, all in an eloquent and impressive manner; but when it comes to bending over the dead body, dissecting out minutely the delicate structures upon which he has been lecturing, and pointing out accurately every important fact in connection with their healthy and morbid anatomy, he is lost.

The doctor possesses the important qualification of *self-confidence* in a most eminent degree. I have heard an anecdote of him, which may serve to give you a better idea of his character than any description of mine. Some time after his graduation, he met the venerable Rush in Philadelphia, and saluted him. Dr. R. did not at first recognize him, although Dr. C. had been his student. Upon being asked who he was, Dr. C. replied, "Sir, as a friend I am Charles Caldwell, but as an enemy I am Julius Cæsar."

This reminds me of another anecdote. Rush once took him to see a patient. After making some examination, he was asked by his preceptor if he could put nature out of the door and cure the sick man. "No, Sir," replied the student, "but I can put you out of the door very quick, and leave the case to nature."

Dr. Caldwell is quite a large man, majestic in his appearance and polite in his address. He has a very splendid phrenological head, of which he is by no means ashamed. Of the individual character of the doctor, I know little or nothing.

A few words respecting Dr. Cooke. For a number of years he was professor of theory and practice in Transylvania, during which time his work upon pathology and therapeutics made its appearance. The substance of this production may be summed up in a few words. Marsh miasm is the great remote cause of fever and diseases generally. This cause exerts its effect upon the system, first by weakening the action of the heart. This effect becomes a cause of diminished pulse, feeble capillary circulation, and finally accumulation of blood in the vena cava; which phenomenon the doctor thinks must take place, as an essential requisite for most of the diseases we meet with. After this accumulation of blood, or "congestion," in the vena cava, follows deranged function. The secretions become suppressed, particularly the secretion of bile. By acting upon the secretions, and arousing the weakened organs to their accustomed offices, we relieve this great

congestion and restore the system to a state of health. This is Dr. Cooke's theory of congestion—his hobby, one which he has been riding for twenty years. His medicine for acting upon the secretions is a pill composed of calomel, rhubarb and aloes, and is popularly known by the name of Cooke's pill. The students of Transylvania call it the vena cava pill. The pupils of that school have almost universally been delighted with this theory, and have always left the city believing that they perfectly understood the mystery of disease, and exulting at the thought that they were going to cure everything with "the pills;" but when the theory came to the test of bed-side practice, they have generally renounced it. "The pills" would do well enough as far as they went, but their patients required something more.

I am not personally acquainted with Dr. Cooke. He was absent from Louisville during my visit.

I shall probably stay in this place several days, and may write to you again before leaving.

Yours truly, W. J. B.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 25, 1839.

RED SULPHUR SPRING OF VIRGINIA.

A NEATLY-PRINTED pamphlet of forty pages, entitled "A Visit to the Red Sulphur Spring of Virginia, during the summer of 1837, with observations on the waters, by Henry Hunt, M.D., with an introduction containing notices of routes, &c., by an annual visiter," has been issued from the press of Dutton & Wentworth, Boston.

It is obviously the opinion of Dr. Hunt, who relates his own case, that the red sulphur spring, in Monroe county, is highly beneficial in pulmonary affections. Several cases are related to prove the efficacy of the water, but none of them are sufficiently satisfactory. But there is one part of the publication that meets our entire approbation, which seems to have had its origin in a generous spirit of philanthropy, and therefore claims the respect of the reader;—it is the introduction, by a benevolent citizen, well known for his great commercial enterprise, and his active and untiring benevolence. The writer is the Hon. T. H. Perkins, who closes his observations thus: "As anonymous notices are frequently ascribed to interested motives, I have authorized my name to be given to the public, which I flatter myself will secure this publication from such charge."

Col. Perkins has furnished an interesting mass of statistical facts, in a few words, in relation to the mineral springs of Virginia, which cannot anywhere else be found, and on this account, aside from all other considerations, the pamphlet will be eagerly sought by valetudinarians, as a kind of way-side guide.

It is understood that Professor Rodgers is about giving the scientific world a complete work on the medicinal springs of the United States.

Physician to the South Boston Institutions.—John S. Butler, M.D., of Worcester, Mass., was finally elected, on Monday the 16th inst., to the

office of physician to the House of Industry, House of Correction, House of Juvenile Offenders, and the Hospital for the Insane Poor, all located within the same inclosure, at South Boston. Since the organization of the City Government, no election of an officer has been more singularly protracted than this important appointment, owing to a disagreement of the two Boards of the City Council in relation to the candidates. It is understood that a considerable number of gentlemen offered themselves, in June, when the names of candidates were advertised to be received. Dr. J. B. S. Jackson, of Boston, was elected several times by the Mayor and Aldermen; Dr. A. B. Snow, of Boston, several times by the Common Council; and Dr. Butler twice by the Council, the last time receiving the handsome number of twenty-six votes. This was concurred in by the Board of Aldermen, where he received five votes out of nine—the four being for Dr. Jackson again. The salary is \$1200 per annum, besides board and all necessary accommodations for the physician's family, which makes it altogether a desirable medical office. Dr. Butler is fully qualified to discharge the duties with honor to himself and satisfaction to the public.

Dr. Lee's Work on Physiology.—It has been suggested to us that the note from Dr. Lee, in a late number of this Journal, would be entirely sufficient to exonerate him from the charge made against him, were it not for a single circumstance. He virtually admits, in that note, that he is acquainted with, and has made use of, the work of Dr. Hayward in compiling his own. Of this, indeed, there is other evidence in a great many passages of his book, and in certain statements of fact which he has introduced, and which were original in that of Dr. H. Of all this there would have been no reason to complain, although the resemblance in arrangement, and often in language, is closer than is common with compilers, had not the author apparently sought to keep from the attention of the public the book he had thus made use of, by employing in his preface the following language. "That such a work was wanted, is evident from the fact that none on the same plan, have, as yet, been published, adapted to youthful minds." Now certainly the work of Dr. Hayward was expressly written for the use of the young, it has been found adapted for their instruction, and in its plan Dr. Lee's very closely resembles it. Of a statement, therefore, like this, there is surely, we think, reason to complain.

Louisville Medical Institute.—In the new circular of this institution, much to the surprise of the profession, doubtless, at the West, is announced the appointment of Daniel Drake, M.D., of Cincinnati, to the chair of Clinical Medicine and Pathological Anatomy. Dr. D. has in times past held an official connection with the Medical College of Ohio, the Miami University, the Cincinnati College, Transylvania University, and the Jefferson Medical College. The intelligence of the overthrow of the medical department of the Cincinnati College, of which Dr. Drake was a prominent member, has scarcely been circulated, before we hear of his transfer to Louisville. It will unquestionably be surmised, by those who profess to be wise in these things, that Dr. Drake knew very well what was about to happen in relation to himself, when he addressed that interesting letter to the chairman, Mr. Morris, which details the reason

why he resigned the professorship of theory and practice. Those who are curious to know the history of this gentleman's medical career in the Valley of the Mississippi, are referred to the last number of this Journal, where a correspondent has chronicled the whole story.

Flap Amputations.—Extract of a letter from the North, to the Editor of the Lancet.—“In spite of all that some surgeons have written on the advantages of the flap amputation, it seems that they cannot profit by their own writings. In these wards there are two amputation cases, in both of which the bone protrudes from between the flaps, but of course the flaps are not to blame; ‘it is owing to acute necrosis’! Yet why in one case (that of a girl) dissect the integument when it adhered to the bone high up, and try to pull it over the protruding part? If ‘acute necrosis’ were going on, why make so many unsuccessful attempts to pull away the protruding part? Or, is it from motives of economy that it is left out, to save the patients the expense of artificial limbs? How the stumps in other wards contrast with these stumps—no bones protruding there—no ‘acute necrosis’ going on there—no necrosis heard at the daily dressings—*alias* torturings!”

EDINBURGENSIS.

Development of Hair in the Posterior Chamber of the Eye.—By DR. THEODORE RUETE, of Gottingen.—This was the case of a man thirty years of age, by trade a tinker. On the cornea, which was in other respects quite natural, there was a slight cicatrice; the anterior chamber natural; the iris appeared unchanged in structure, but its pupillary margin was, to the greatest part of its extent, adherent to the capsule of the lens. The latter was opaque, and appeared to have several fissures in it. But the most remarkable thing was the appearance of four hairs behind the pupil, two longer and two shorter. They sprang out of the bottom of the posterior chamber, from the capsule of the lens. Besides these, a still longer hair pierced the iris to the left of the pupil, and lay stretched on the iris in the anterior chamber. This state was traced to an injury from a chip of tinned iron, which struck his eye in an incandescent state, three years ago.—*Monatsschrift für Medicin, Augenheilkunde und Chirurgie.*

On the Use of Conium Maculatum in Scrofulous Ophthalmia.—By Professor OTTO, of Copenhagen.—Kopp, of Hanau, recommends for scrofulous ophthalmia the conium maculatum. His formula is: R. Ext. conii maculati, 3j.; aquæ cinnamomi spirituosæ, 3iv. Solve. Of this he gives children of two or three to four years old, and older, four drops three times a day, daily adding a drop to each dose. Blisters behind the ears, and compresses, wet with tinct. thebiaca, to the eyes were at the same time used. Professor Otto says he has cured more than thirty cases of scrofulous ophthalmia by this plan. He has, with Kopp, raised the doses as high as thirty to thirty-five drops without any bad result.—*Wochenschrift für die ges. Heilkunde.*

Medical Miscellany.—Dr. C. J. B. Williams has been elected Professor of the Principles and Practice of Medicine at University College, London, and Physician to the Hospital, vacant by the resignation of Dr. Elliotson. Drs. Copland and Cragie were candidates.—A young man, a patient of La Charité Hospital, in Paris, died recently on account of a small artery

having been left untied in an operation by M. Velpeau. The artery was divided by an incision made into a tumor over the lower third of the right femur, and could not be found after free bleeding was ascertained.—It has been decided by the Postmaster General that all postmasters may enclose money in a franked letter to the publisher of a newspaper, to pay the subscription of a third person. We trust that many of our distant subscribers, who make the expense of sending by mail an excuse for continued neglect, will remember this.—Interments at the Bayou cemetery, New Orleans, Sept. 10—27; 7 from the hospital; yellow fever 15. At the Catholic cemetery one interment—not yellow fever. At the American cemetery two interments—both yellow fever. At the Charity Hospital, on the 10th, there were admitted 20, of whom 14 were yellow fever. Deaths 6.—Deaths in Augusta, Sept. 13th, from fever, 3; and one in the country.—Deaths in Mobile during the month of August, 101. First six days in September, 23. Population of Mobile, about 3000.—Dr. Meigs's Philadelphia Practice of Midwifery, and Dr. Harlan's Medical and Physical Transactions, have been favorably reviewed, the first in the British and Foreign Medical Review, the second in Dr. Johnson's Medico-Chirurgical Review, for July of this year.—The University of Virginia is about to lose the valuable services of Professor Griffith, who intends retiring in consequence of ill health.

TO CORRESPONDENTS.—The communications of Dr. Wheeler, Dr. Welch, J. B., a physician in Illinois, and others, will be attended to.—Dr. Alcott's is deferred a short time, till the writer whom he reviews has completed his observations.

Whole number of deaths in Boston for the week ending Sept. 21, 39. Males, 19—females, 20.

Of consumption, 2—dropsy on the brain, 1—scarlet fever, 3—dysentery, 4—cholera infantum, 7—infantile, 3—old age, 1—dropsy, 2—canker in the bowels, 1—typhous fever, 3—intemperance, 1—inflammation of the breast, 1—teething, 5—inflammation of the bowels, 1.

MASSACHUSETTS MEDICAL SOCIETY.

A STATED meeting of the Counsellors of the Massachusetts Medical Society will be held at their room, Athenaeum Building, Pearl street, on Wednesday, Oct. 2d, at 11 o'clock, A. M.
S 25—2t

S. D. TOWNSEND, Recording Secretary.

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

FOR the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well inguinal, Ventro-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Felson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from \$1 50 to \$4 00, according to size and finish. To physicians those of men's sizes will be sold at \$2, 2 25, 2 50, 2 75, and \$3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.
Aug 21— M. R. FLETCHER.

SITUATION.

A PHYSICIAN, in a pleasant part of the "Connecticut Valley," wishes to dispose of some personal property, &c., and remove. Reference, for name and place, to the publisher of the Journal.
S 18—3t

ALBANY MEDICAL COLLEGE.

This Institution received its charter from the Legislature of the State during the past winter, and commenced operations with a class of sixty-five students; thirteen of whom received the degree of Doctor in Medicine at the close of the session. The college edifice and its accommodations; the museum, theatre, dissecting rooms and laboratory, are all on a scale of magnitude and excellence equal, it is believed, to those of any similar institution in the country.

Choice and extensive collections of anatomical specimens and morbid preparations, with cabinets of materia medica, botany, mineralogy, geology, and zoology, together with casts, plates, drawings, models, instruments and apparatus for illustrating the different departments of study, have all been provided and arranged in the museum of the college, which will be open for the inspection of students during the lecture term.

The ensuing session will commence on Tuesday, October 1st, 1839, and continue sixteen weeks. The faculty consists of the following gentlemen.

ALDEN MARCH, M.D., President of the Faculty, and Professor of Surgery.
 EBENEZER ENMONA, M.D., Professor of Chemistry and Natural History.
 DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.
 JAMES H. ARMSBY, M.D., Professor of Anatomy.
 DAVID M. McLACHLAN, M.D., Professor of Materia Medica and Therapeutics.
 GUNNING S. BEDFORD, M.D., Professor of Obstetrics.
 THOMAS HUN, M.D., Professor of the Institutes of Medicine.
 AMOS DEAN, Esq., Professor of Medical Jurisprudence.

The fee for all the courses is \$70. Matriculation fee, \$5. Graduation fee, \$20. Price of boarding, from \$2 50 to \$3 50 per week. For further particulars inquire of either of the gentlemen of the Faculty.

Albany, July, 1839.

Jy 17—tO

JAMES H. ARMSBY, Registrar.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

The regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL McCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUSTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANCOAST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, \$15. Graduation fee, \$30.

Aug 7—tN1

JOHN REVERE, M.D., Dean of the Faculty.

TO PHYSICIANS.

A PHYSICIAN who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid.

S 18—tf

GENEVA MEDICAL COLLEGE.

THE Medical Lectures will commence on the 1st Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	- - -	T. SPENCER, M.D., Geneva.
Obstetrics and Materia Medica, by	- - -	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	- - -	JAMES WEBSTER, M.D., Rochester.
Surgery, by	- - -	D. L. RODGERS, M.D., Geneva.
Chemistry, by	- - -	WILLIAM USHER, M.D.
Medical Jurisprudence, by the Professors of Chemistry and Anatomy.		

THOMAS SPENCER, M.D., Registrar.
 Geneva, July 16, 1839.

Jy 31—tO

C. B. COVENTRY, M.D., Dean.

MEDICATED VAPOR BATHS.

PHYSICIANS are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.

Aug 21—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, OCTOBER 2, 1839.

No. 8.

SARATOGA SPRINGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have just spent a delightful week at the famous fountains of Saratoga; and if you have room in your valuable paper, I wish to state, hastily, the history of a few invalids, who, like myself, were in the pursuit of health. The week which I spent there being the period in which Messrs. Van Buren, Clay, Forsyth, Poinsett, General Scott, and other distinguished characters, were at the Springs, when many were obliged to sleep on settees, carpets, &c., and when the large houses were rejecting scores of applicants daily, you may well suppose I deemed myself and wife fortunate in finding in the house of a friend, what, under existing circumstances, we could hardly have obtained at the crowded public houses.

But the object of this hasty communication is to give your readers a simple sketch of a few *water drinkers*, and the effect of the waters upon their respective complaints. And to begin the list—Mrs. C., from one of the cities of Connecticut, had been two or three months, during the winter and spring, under the treatment of one of our best and most respectable physicians, for *indigestion, costiveness, irritation of the throat, great weakness of lungs*, preventing common conversation, with loss of strength. By the advice of her physician she visited the Springs about three weeks since, being partially restored. She has drank the waters every morning, with occasional bathing, and is now about returning to her family with a fine, clear countenance, strong appetite, increasing strength, and an entire subsidence of all the weakness and irritation of the lungs and throat. There appears to be no reason to doubt that her improvement is permanent, and that in a few months, during which the effects of the mineral waters in the solids and fluids of her system will continue to operate, she will find her restoration complete.

The next—Miss W., of Connecticut—belongs to a highly consumptive family, and for many years scrofulous tumors have existed in various parts of the adipose tissue. She was very much emaciated, sallow and feeble; her powers of digestion were small, voice and lungs weak, with a complexion indicating unequivocally a habit of general and confirmed disease. This patient was put by her physician upon the internal use of the water as an alterative, taking it regularly one hour before each meal. As her pulse was soft, and there was apparent atony of her

system, she was directed to take a *hot bath* at 105 degrees, every second day, which proved highly agreeable, and appeared to be very efficient in the progress of her recovery. Her appetite has now, at the end of three weeks, become strong and uniform. She has no hesitation in saying that she takes more than twice the quantity of food which she ate when she commenced using the water, and with no unpleasant sensations. The absorption of bile from the surface is very manifest from the clearness of her complexion, and the returning lustre of her eyes. The long-absent sensations of health and comfort are returning rapidly; and should she have the wisdom to follow the course three months—the least time in which a permanent constitutional derangement should be expected to be supplanted by movements of healthy action—she will most certainly leave the Springs with confirmed health.

The third is an interesting boy, the son of a mayor of one of the western cities of New York, about eleven years of age. He arrived at the Springs about two months since, with *enlarged tonsils*, great irritation about the throat, as evinced by a continued and distressing hawking, pale, doughy face, poor appetite, with general symptoms of debility. This patient was directed by Dr. North, who has investigated the *properties* and *effects* of the waters with great accuracy, to use them as an *alterative* and *tonic*, without any regard to their cathartic operation, and to take the cold, mineral shower bath every second day. It was not one week before his appetite was greatly improved, and now he has scarcely any trouble from the morbid secretion in his throat; the glands are much diminished, the healthy color of his cheek is returning, and from the vivacity and vigor of his movements, and the plumpness of his limbs, I should think he must be already enjoying perfect health. Knowing, as I do, the troublesome and incurable nature of this complaint, I have examined and stated the case with some minuteness; and it is very desirable that some of the numerous readers of your Journal would send to the Springs a few more cases of enlarged tonsils, that it might be proved, and have the proof repeated in your numbers, whether the mineral springs of Saratoga may not prove in all cases a cure to the complaint.

Mrs. W. has slight pulmonary disease, and a condition of the system which contra-indicates the use of *tonics*. Being aware of the impropriety of using the waters under these circumstances, she drank sparingly, and with little or no effect.

With a pulse ordinarily of 60 or 65 in a minute, soft and easily compressed, and an *atonic* state of the digestive organs, without any local or general inflammatory tendency, I drank the water in the morning with an effect altogether better than I had anticipated. The tone of my digestive organs is greatly increased, and from the use of the water I am in a better state of health than I have enjoyed for a great length of time. The suggestion which I have made respecting myself, I have offered for the purpose of inducing those of my medical brethren who may be in a similar condition, to resort, if for a few days only, to the exhilarating fountains of Saratoga. Another suggestion which I wish to make is this—that those patients who have chronic disease of an inflam-

matory character, should not be allowed to drink the Saratoga waters until the inflammation is removed by the use of appropriate remedies. I saw many who visited the Springs in a state of health which should have prevented them from using the waters, and who were obliged to discontinue them and resort to antiphlogistic remedies before they could safely make use of those *natural restoratives*.

It is probably known to many of your readers that a spring has been recently discovered and analyzed, which is called the Walton, or Iodine Spring, and which, in proportion to the other solid ingredients, contains more iodine, and less iron, than is contained in the waters of the other springs. This will probably prove to be an important desideratum in the treatment of some varieties of morbid action which are met with at the Springs, particularly scrofula, and will be applicable in many forms of disease when the waters which contain more iron would be decidedly injurious. The spring is situated in the upper and pleasant part of the village, is very accessible by the "High Rock," or by a flight of stairs judiciously constructed for the accommodation of visitors. This spring is daily attracting attention, and will probably gain a celebrity equal, if not superior, to that of either of the other springs.

Wethersfield, Conn., Aug. 16, 1839.

Respectfully yours,
ARCHIBALD WELCH.

AN ANALYSIS OF THE PHRENOLOGICAL FACULTY CALLED "ORDER."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The essential nature of the faculty called "order," does not seem to be well understood. No phrenological writer that I am acquainted with gives any satisfactory analysis of it. Phrenologists content themselves with ascribing to this faculty certain mental manifestations, without attempting to tell us what is its essential principle or the exact range of its function. The great number of observations that have been made with regard to it prove that it has something to do with order; but it may be easily shown by analysis that order is a compound perception, and consequently cannot depend on a single faculty. Order is the result of the conjunction, juxtaposition or collocation of things according to the relations natural, artificial, arbitrary or conventional, which subsist between them; therefore before we can perceive that things are in orderly arrangement, we must know their relations and notice their conjunction in accordance with these relations, all which cannot be done by a single faculty. What part, then, does the faculty in question take in the perception of order? It seems to me that its sole function is the perception and recollection of the conjunction, juxtaposition, collocation, or contiguity of things, and that the relations according to which they are conjoined when in orderly arrangement, are perceived by the other perceptive and the reflective faculties. "The sort of arrangement," says Mr. Combe, "prompted by this faculty, is different from, although perhaps one element in, that philosophical method which is the result of the perception of the relations of things.

The faculty of which we here speak, gives method and order in arranging objects, as they are physically related; but philosophical or logical inferences, the conception of systematizing or generalizing, and the idea of classifications, are formed by the reflecting faculties." It seems to me that the faculty spoken of is concerned in every kind of arrangement whatever, for there can be no perception of arrangement without the perception of conjunction. This faculty can no more perceive the physical relations of things other than that of their being next to one another, or in juxtaposition, than it can perceive metaphysical relations.

Much of what is called order depends rather on memory and imitation, than on the exercise of reason or attention to the relations of things. It requires much less exertion of intellect to preserve order when once established, than it does to discover the relations of things and to conjoin them in such a manner that their juxtaposition may be an index of the degree of their relationship; hence a person who cannot create or invent order may be able to preserve it, for, to do so, the perception and memory of conjunction are all that is required. An idiot, by the aid of the faculty spoken of, may be able to preserve that juxtaposition of things to which he has been accustomed, without knowing or noticing the relations on which the arrangement is founded. He recollects that a certain piece of furniture was placed in juxtaposition with another, or with a certain part of the room, and from having become accustomed to this conjunction of things, he takes a pleasure in seeing it preserved. This was the case with the *Sauvage de l'Aveyron*; he could preserve and restore order in the room, but we are not informed that he could create or invent it, and I do not believe that he could. Dr. Spurzheim informs us that this person, "though almost a perfect idiot, could not bear to see a chair or any other article out of its place, and that as soon as anything was disarranged he went of his own accord and put it right," and we are led to suppose that he did so for the gratification of the faculty called "order," which I doubt not was the case, for this faculty takes pleasure in contemplating and recollecting the conjunction of things.

Order is natural, artificial, arbitrary or conventional. Order is natural when things are conjoined according to the natural relations or properties which they possess in common; as when events are arranged according to the time of their occurrence. The primitive colors, as we see them in the prismatic spectrum, are conjoined according to the degree of their refrangibility. The juxtaposition of the numbers 1, 2, 3, 4, &c. in arithmetical progression, is determined by the nearness of their relation to one another. The degree of plurality expressed by 3, is more nearly related to that expressed by 2, than the degree of plurality expressed by 4 is related to that expressed by 2, and they are placed accordingly.

Order is artificial when things are conjoined according to artificial relations, as the hat to the head, shoes to the feet, gloves to the hands, money to the pocket, the tea-cup to the saucer, &c.

Order is arbitrary or conventional when things are conjoined in an

arbitrary manner, without regard to natural or artificial relations ; such is the conjunction of the letters in the alphabet. There is no natural or artificial relation between A and B, or the sounds they represent, which requires that B, rather than any other letter, should be placed next to A, and it is so placed solely in conformity to long-established usage.

When once a relation according to which things are to be arranged has been chosen, the place of each must be in harmony with that relation, though it were at first arbitrary ; the juxtaposition of the letters in the alphabet is arbitrary, but the place of a word in the columns of a dictionary is determined by its alphabetical relation.

As the relations or properties which things may possess in common are very various, there may, in any particular arrangement, be order in regard to one relation or property, and disorder in regard to another ; and a person may be habitually disorderly in regard to some relation of things which he does not readily perceive, though very orderly in regard to all others. Thus Mr. Milne could not be orderly in regard to colors, nor Ann Ormerod in regard to musical notes.

That arrangement of things is the most perfect in which they are conjoined in accordance with the greatest number of their common relations. There is disorder or confusion when things are conjoined, whose properties do not harmonize. Symmetry, in a body, is the result of the conjunction of similar parts or forms. No body is perfectly symmetrical which cannot be divided into two perfectly similar halves.

As the spirit of order is to have a place for everything, and to have everything in its place, no one can be orderly who is not apt to notice, and who has not a good memory for, the juxtaposition of things. Place is a compound perception ; we may know the direction and distance of an object, without having a complete idea of its place ; we must also know with what objects it is conjoined, to make our knowledge of its place complete. I know, for instance, that a steeple which I see rising over a hill is a mile distant in a northern direction ; but I do not know with what objects it is in juxtaposition—whether it be in the midst of a village or of a wood, whether in a valley or on a hill. The faculty called "order" perceives and recollects the juxtaposition of things, their being next to one another. Locality perceives and recollects the direction in which bodies are situated, and it enables us to find them by the recollection of their direction, and the faculty called "order" enables us to find them by the recollection of their conjunction. These two faculties are thus admirably suited to our necessities, and to the constitution of the material world.

In the after part of this communication I shall show that it can be proved that the *apparent* form of a body depends on the *apparent* relative distance and direction of the points of its surface from the point of observation, and that therefore the perception of form is not simple and indecomposable, but is reducible into, at least, two perceptions—the perception of distance and the perception of direction ; and that the received principles of phrenology do not permit us to ascribe these two perceptions to a single faculty.

ANDREW ALEXANDER, M.D.

Boston, Sept., 1839.

CURE FOR WARTS AND CORNS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—To the physician who has just commenced his practising career, some diseases, which before appeared to him diminutive, and scarcely worthy of his notice, if, indeed, he ever thought of them at all ; now, when he is called upon to describe or cure them, seem to be matters of, at least, some importance. He comes out of the medical college with his mind well stored with theories of fevers of various names and types—of rheumatism and gout—of white swelling—of cancer and fungus hæmatodes ; he has the cause, remote and proximate, of all these upon his “ tongue’s end,” and his modes of cure are all carefully and systematically arranged, and he is inspired with the fond hope that he can cure them all ; and all this is as it should be. But when a patient comes to him with a wart or a corn, he is *non-plussed*—he knows not what to do—he has not heard a single lecture upon these diseases. Are there not some of my medical brethren who can testify to the truth of these remarks ? My object in addressing you at this time is to name the modes of treatment which I have found most successful in removing these two troublesome diseases. I shall not stop here to describe them. Their description can be found in the admirable work of Dr. Warren, entitled “ Surgical Observations on Tumors.”

The *verruca*, or wart, which sometimes causes much inconvenience from its pressure upon adjacent parts, and is always “ unsightly and unsmooth,” may be speedily removed by the *potassa fusa* (potass., fused potass, caustic kali). Before the application, the wart should be pared, with a sharp knife or razor, down to the quick ; carefully, however, so as to produce scarcely any hæmorrhage. Patients will cheerfully submit to this operation, who could by no means be induced to undergo an operation by the knife. One application is usually sufficient. Some soreness remains for a while, but the part becomes sound sooner than when the wart is removed by excision.

The *clavus*, or corn, may be cured in a few days by wearing the following plaster. R. Pix Burgund., emp. diach., emp. hydrarg., 3 parts each ; rosin, 1 part. Melt and mix the whole together and spread it upon cloth or soft skin, and apply this upon the corn. All pressure upon the part must, of course, be avoided, that being the exciting cause of the disease.

Unionville, Sept. 18, 1839.

Respectfully yours,

E. G. WHEELER.

MACROTRYPS RACEMOSA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I noticed, in a recent No. of the Journal, a communication from Dr. Wheeler, on the *Macrotryps racemosa* of Eaton. That it is a most valuable addition to our materia medica, will be acknowledged by any one who may use it properly and extensively. Dr. W. has told

the truth, but not the *whole* truth. I have repeatedly seen it used as a substitute for the ergot, and in every case with the most happy effect. It has the desired properties as a partus accelerator, without the power of doing injury to the fœtus, as sometimes does the ergot. Also it does not diminish the susceptibility of the uterus to succeeding doses of the medicine, as is the fact when the ergot is given. In single large and full doses, it produces convulsive contractions of the muscles of involuntary motion, and first of the uterus. Thus it is narcotic, and ecbotic because of its peculiar narcotic operation. When given in inordinate quantities, it will produce convulsive action of the heart, and painful palpitations. Beside being narcotic, it operates in a peculiar manner on the glandular system. Thus it increases or diminishes the secretion from the liver, when its secretions are morbidly diminished or increased. It removes topical inflammations of the atonic kind, without an evacuation. It affects the bronchial mucous membrane, diminishing morbidly increased expectoration. Diaphoresis and diuresis often follow the use of the article. It has an action on the cutaneous surface, differing from a diaphoretic, producing resolution of the diseases peculiar to the part. It is emmenagogue. It removes pain of the neuralgic kind, thus being a valuable medicine in colic. On some patients it has a cathartic operation, though this is but rarely noticed.

For the removal of rheumatism, whether acute or chronic, it is the Samson of the materia medica. The gates of Gaza, posts and all, are sure to start, if it be properly given. It is necessary, in order that the medicine may operate as we wish in this or any disease, that the strength of action in the circulating system be as much as possible short of phlogistic diathesis, and any reduction below this point by bleeding or purging will be injurious. It should be given every hour, and continued till some symptoms of ultimate narcosis appear—then hold on for a few hours, and resume again if necessary.

In ophthalmitis conjunctiva its effects will be as distinctly seen as in any disease. A short time since, I was called to administer to a maiden lady suffering with this affection. The prescription was tinct. m. racemosa 3 i. every hour. As some topical application was of course expected, and none being prescribed, the gentleman of the house sportingly inquired why I did not extract a tooth to cure the eyes? In a few hours the intolerance to light was mostly removed, and the second ounce of the medicine completely cured the disease. In other cases it has had the same immediate and happy effect, no other medicine being given. It is said that it has been given to gravid females for the removal of cough, with the effect of producing speedy abortion.

The best possible manner of giving it is in the form of tincture, which should be made with four ounces of the bruised root to one pint of undiluted alcohol. If the alcohol be diluted, the value of the tincture will be much deteriorated. The watery infusion is of no account. Given in fine powder it is not inert, but it is not the best preparation. Alcohol seems to be its proper menstruum, and the stronger the alcohol the better.

J. B.

Griswold, Conn., Sept. 9, 1839.

LETTERS FROM THE WEST.—NO. VII.

WESTERN PRACTITIONERS.—QUACKERY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—During the spring and summer past I have travelled in every Western State, except Michigan, and have endeavored to make some observations upon the character of western practitioners, and inquiries respecting legislative enactment touching the qualifications of physicians. Concerning the latter, I have only to say that the whole West is now open for all grades and sects. In former years provision was made by the statutes of Ohio and Kentucky for admitting individuals to practise, and for the exclusion of those who were incompetent ; but these laws have been repealed ; and at this day the regular graduated physician, and the man who studied medicine day before yesterday, bought his drugs yesterday, and commenced practice this morning, in the eyes of the law stand on equal footing. Such being the case, you may readily suppose that the practitioners of this section of our country are men of various stamps of intelligence. Here may be found the highly intelligent, regularly educated physician, and the ignorant, impudent quack : the one possessed of modesty and dignity ; the other, the trumpeter of his own deeds, having no other claim to the support of the community than a low, vulgar art of deception. Such men, Sir, are often found together in the same village—one pursuing an honest course, the other using every means he can to impose upon an unsuspecting and too often credulous public. It is indeed a matter of great wonder that quackery should be tolerated in the West to so great an extent. While the regular physician may spend years in active exertion to secure the confidence of the people, and scarcely make a decent support, the presumptuous quack can puff himself into immediate notice and obtain a lucrative practice ; and if, perchance, he should become unpopular, and lose the support of a community, he has only to change his residence and again exert his contemptible arts of imposition. It is true, likewise, that another impostor can supply his place, and deceive the same public. Such empirics are to be found in every portion of the western country, and such is the encouragement they receive.

I wish now to call your attention to a prominent feature in the character of western physicians—those who may be styled good practitioners. I mean a disposition for quarrelling. You may discover this trait in the man who holds the dignified station of professor, and in him who hangs out the sign of the “pestle and mortar” in the most obscure village of the West. In searching for a cause of so great a fault, I am led to pronounce it the want of a thorough and uniform system of education. There may be many other circumstances of a local and individual character which create dissension, but I am well convinced that if every physician was a regular graduate of medicine, and had received a pretty liberal collegiate education, which would lead one and all to think and act with greater harmony, the western profession would present a band of brothers, united for the exalted purpose of elevating,

by every laudable exertion, the science of medicine. But this is far from being the fact. Do not suppose I wish to cast unqualified censure upon the medical men of the West. I will readily admit an abundance of individual talent and intelligence; but they cannot move together in such a manner as will best promote the object just named. Not one in twenty appears to have any acquaintance with medical ethics, an essential part of a good system of medical education. This is a fruitful source of perpetual backbiting and animosity. Many have acquired a knowledge of the classics, while others are entirely ignorant of them. This, in the course of time, lays the foundation of enmity and slander. A great number of practitioners in the West have attended but one course of lectures; and if their competitors are graduates, peace rarely ever exists long between them. There are many other minor causes, which I could detail, but the whole can be traced back to the great parent source—*“the want of a thorough and uniform system of education.”*

To effect a reformation, time and labor will be required. In truth, I am firmly convinced that we need, throughout the whole Union, a more rigid system of medical education. The degree of Doctor of Medicine is too easily obtained; and could the professional talent of the United States be concentrated, and adopt a more thorough and extensive plan of imparting instruction to the student of medicine, and more rigid requisitions for the doctorate than at present exist, we should doubtless witness, in the course of a few years, a most wonderful and happy change. For one, I would insist upon the necessity of attending three courses of lectures, and acquiring, at least, a respectable collegiate education.

Finally, for the improvement of our profession, it is by no means unimportant that *the people themselves should be educated*. For I am persuaded that so long as ignorance prevails, empiricism will flourish. The two are sworn friends, and mutually support each other. Destroy the first, and the latter must die.

Perhaps this will be my last letter from the West. I expect to go south in a few weeks.

Cincinnati, Ohio, Aug. 25th, 1839.

Yours truly,
W. J. B.

ON LIGATURE OF THE LIMBS, AS A MEANS OF SHORTENING THE DURATION OF THE PAROXYSM OF INTERMITTENT FEVER.

BY DRs. FENBECK AND GOEDRICHEN.

CASE I.—A man, aged fifty, of robust constitution, had been suffering for more than three months from tertian fever, which had resisted all rational means of treatment. Dr. Fenbeck, therefore, advised the patient to try the application of the ligature. As the sensation of cold had hitherto commenced in the foot, and had from thence spread over the rest of the body, the ligature, as soon as the first symptom of the cold fit was perceived, was applied tightly immediately above the knee; the cold was, in consequence, soon dissipated, but some heat followed with rather profuse perspiration. The patient continued to apply the ligature

immediately on the slightest feeling of cold, at the usual period for the return of the paroxysm, and succeeded in arresting the further development of the cold fit. Heat and perspiration, however, still continued; but these symptoms were removed by quinine, which had formerly been given without relief.

CASE II.—A woman, aged fifty-two, was attacked with intermittent fever, and refused to take any medicine for its removal. Recourse was, therefore, had to the ligature as the only means which promised to be beneficial. The first application had scarcely any effect; the second shortened the cold fit and diminished the heat and perspiration. By each succeeding application the paroxysm became less severe, and disappeared entirely with the sixth, and in fourteen days the patient was in a condition to undertake a fatiguing journey.

CASE III.—A sailor, aged thirty-seven, of weak constitution, was attacked in February, 1834, with septan fever, complicated with gastric affection. A treatment, principally directed against the latter, removed the fever, and the patient was dismissed the hospital. He was again received, on the 4th of April, with tertian fever; the cold fit lasted about one hour and a half, and was extremely severe; the hot and sweating stages, which were moderate in intensity, lasted respectively half an hour and a quarter of an hour. After some preliminary treatment, to remove some gastric symptoms, the ligature was applied, at the approach of the paroxysm, to the extremities, with the effect of reducing the cold stage to one hour's duration, and of changing the fever to its original septan type. Each succeeding application of the ligature reduced the intensity of the paroxysm, and in three weeks the patient was dismissed cured.—*Zeitschrift für die gesammte Medicin.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 2, 1839.

DR. HILDRETH'S ADDRESS.

IN May last, the late President of the Medical Convention of Ohio, S. P. Hildreth, M.D., of Marietta, whose name is identified with the science of the West, delivered an address, which contains so many statistical facts in regard to the character of the diseases of the aborigines of this country and those of the early settlers, that in after times no medical document can be of more value to the American medical historian. On this account, aside from all other considerations, it should be kept by those who are so fortunate as to possess a copy, as a rare and valuable document, which must necessarily become more and more precious by age. Throughout the entire discourse there are interwoven many incidental remarks, no less interesting for their chronological details. The third division of the address, relating to the diseases of the Indians, cannot be consistently abridged, and is here copied.

"Although their red skins, and more hardy frames, would be some protection from disease, yet we find that the tribes which lived at San-

dusky, and along the Scioto river, were afflicted at certain seasons with remittent and intermittent fevers, dysentery and diarrhœa. The larger portion of the sick, however, was amongst the children, and those whose bodies had not been hardened by exercise and exposures. It does not appear that these diseases were very fatal, or often prevailed as extensive epidemics, as they have done amongst the whites since their taking possession of the country.

“ From history we learn that the aboriginal inhabitants of this continent were not exempt from those destructive epidemics which sometimes ravage other portions of the globe, even before the white man came amongst them; witness the mortal disease which had well nigh depopulated the district now called New England, the year before the ‘forefathers’ landed at Plymouth. The Massachusetts tribe of Indians are said to have been reduced from thirty thousand warriors to three hundred. This disorder, from the description of the Indians, was a contagious, pestilential, putrid fever, similar to the plague, as it was attended with buboes—some of the Indians who recovered showing the scars of the abscesses.

“ In October, 1763, a fever broke out amongst the Indians on the island of Nantucket, and out of about two hundred and sixty-five persons attacked, only fifteen recovered. It is remarked that not any of the English inhabitants took the disease.

“ Many of the mounds and tumuli of the West, which are filled with human bones of all ages and sexes, in nearly the same state of decomposition, would seem to indicate that life had been destroyed by disease rather than by war; as in that case the bodies would have been chiefly those of adult males, and not a mixture of all ages—as it is not to be supposed that their destroyers would have taken the trouble of their burial, but have left them scattered over the ground on the spots where they fell.

“ Whether the smallpox, which seems to have been, and still continues to be, one of the most fatal diseases that ever visited the red men, was known amongst them prior to the discovery of America, remains in doubt; although I see no good reason why it should not have been, for they seem to be more susceptible to its attacks than the white man. Amongst us it is supposed sometimes to commence like other diseases, in a particular individual or family, and afterwards spread by contagion.

“ The measles has also been a well-known disease amongst the Indians, but is not usually a very fatal one. Their treatment for this disease and the smallpox, appears to have been nearly the same—which was by placing the patient in a vapor bath, formed by pouring water over hot stones, and covering him with a blanket spread over boughs, beneath which he was placed. The operation was assisted by drinking freely of a decoction of hemlock spruce (*Abies Canadensis*), of the twigs of yellow pine (*Pinus mitis*), whichever happened to be nearest the camp or village. After sweating profusely for some time he was plunged into cold water. This treatment usually proved fatal in cases of smallpox, but might be useful in a common intermittent, or an attack of inflammatory fever.

“ Rheumatism is another disease to which they were very subject, especially the females, who performed all the drudgery, and carried heavy burthens for long distances on their backs. They were in fact the slaves of their husbands, transacting all their agricultural labors besides their in-door work. In sickness some old woman acted as nurse and physician, prescribing such simple remedies as their observation, in a long course of ages, handed down by tradition, had found to be useful. Amongst these a decoction of Butter-nut bark (*Juglans cathartica*), was often used as a

purge. The wild ipecac. (*Gillenia trifoliata* of the hills), with Indian sage (*Eupatorium perfoliatum*), were employed as emetics. The latter plant, with the roots of the Indian hemp (*Asclepias decumbens*), was a common and very efficacious remedy for diarrhœa and dysentery, complaints from which they suffered in the summer months more than from any other, especially the children. These were often brought on by changes in diet. During the winter their food was principally venison, buffalo and bear meat, with hominy and various other dishes of Indian corn; and while they had it in plenty they enjoyed good health. In the spring and summer their food consisted chiefly of fish, and in scarce seasons they made use of fresh-water clams and muscles, which when the streams were low covered the bottoms of the creeks and rivers in thousands. These were usually roasted in the fire, as the immense heaps of calcined shells now seen buried in and along the banks of the Ohio, bear witness to this day. The latter article, eaten without salt, or other condiment, would be very likely to induce bowel complaints.

"When the Indian corn was first ready for boiling, the children ate voraciously of that, and being a new article of diet, in August and September, would also bring on diarrhœa, which proved more fatal to them than their other diseases. This complaint, however, they often cured with a decoction of white oak bark, and various astringent roots, especially alum root (*Geranium maculatum*).

"From their using so little salt in their food, the young children often suffered from worms. For this difficulty, hickory ashes, mixed in a little honey, was a common and very effectual remedy.

"Consumption and insanity were rare diseases amongst the aborigines, and seem to be chiefly confined to man in a civilized state. The more refined and intellectual his condition, the more common we find the latter complaint.

"Dropsy sometimes followed long-continued cases of intermittent fever, but was not frequent, especially among the tribes remote from the white traders, where they could not have access to whiskey. This inebriating and poisonous beverage, so grateful to the vitiated taste of the savage, has been the source of more diseases than all other causes combined.

"Their wounds were usually treated successfully by the aid of suction, and the application of emollients, such as slippery elm bark, and a decoction of beech leaves. These simple remedies, with the aid of a sound constitution, soon healed the most dangerous and extensive injuries from the knife, tomahawk, or rifle shot.

"Extreme old age amongst the Indians is at this day a rare occurrence; although when the whites first came amongst them it was not uncommon to see persons who had every appearance of being at least one hundred years old. There are several reasons why life should be more brief with them, than amongst civilized nations. Their exposure in hunting, and their almost continual wars, cut off a large portion of the male population before they reached sixty years of age; and after their intercourse with the whites, life was held by a still more uncertain tenure, from their nearly universal attachment to the '*fire water*'—a very apt and appropriate name which they had given to rum and whiskey. From their rambling and desultory habits, no adequate quantity of food was laid up for their support, at those seasons when deer and buffalo were scarce; for this reason they suffered extremely in some years from famine. At these periods the older and more helpless portion of the tribe would be sacrificed

as useless incumbrances—for extreme necessity knows no law either of right or affection, especially while man is in a rude and barbarous state.”

The next, or fourth division, embraces a consideration of the diseases of the early settlers of Ohio, which will be copied hereafter.

Epitome of General and Pathological Anatomy.—William J. Barbee, M.D., of Marshall, Illinois, has prepared a volume which meets the entire approbation of distinguished professors at the West, and which he proposes to put to press as soon as sufficient encouragement is given by subscription. Part first is a compilation from treatises by Bichat, Beclard, Meckel, Bayle and Hollard—the second particularly embraces pathological anatomy, abridged from the celebrated Andral. It must be regarded as a singular circumstance in this age of book-making enterprise, that no publisher has been willing to put Dr. Barbee's manuscript to press, since there is every reason for believing that it would prove a safe business operation. Under this unfavorable aspect, Dr. Barbee addresses himself, by a circular, to medical students and young practitioners, for whom the work is especially designed—asking their co-operation and patronage. A principal object is to present them with an elementary book on these important subjects, at a reasonable price. Would it not be a reproach to the physicians of the Valley of the Mississippi to withhold the means of bringing it out? Those in the eastern States who are always ready to render assistance, where the honor or advantage of the profession can be promoted, will now have an opportunity of showing their characteristic zeal. As the price is not to exceed two dollars, it will be within the reach of all who desire it. Names may be left at this office. Some months since we examined the sheets, as they came from the author's hand, and we recollect the gratification they afforded. Dr. Gross, of Cincinnati, whose great work on pathological anatomy is just ready for the public, speaks warmly in praise of Dr. Barbee's labors. Should a sufficient number of subscribers be obtained to warrant the expense, the work may be delivered to them before the expiration of the lecture season of the medical schools.

Prospects of the Profession in the State of New York.—Prodigious efforts are being made by the Thomsonians in the State of New York, to beset the Legislature, with a view to revolutionizing the present system of things in the practice of medicine and surgery. In a word, it is their intention to pray for the repeal of all laws regulating the profession of medicine—indulging the vain hope, it is presumed, of ultimately bringing down their superiors in knowledge to the low level of themselves. The radicalism of the times probably strengthens them with a hope of finally succeeding in the undertaking. The comitia minora of the State Medical Society deem the proceedings of these regular irregulars of sufficient importance to require such action on the part of the members as the interest, and especially the well-being of the Society demands. A writer in the Albany Evening Journal, however, insinuates that the toxin of alarm sounded by Drs. Eights, Wing and Van Olinda, of the State Society, is a cunningly devised scheme for injuring the growing reputation of the Albany Medical College. For ourselves we do not hesitate to say that we discover no such tendency in their card. It would be lamentable to have any misunderstanding between the friends of that institution and the Society, since both have the same object at heart, viz.,

the respectability and usefulness of every practitioner in the State. By remembering that a house divided against itself, &c., they will be the better prepared to defend themselves against the encroachments and combined attacks of the common enemy.

Smallpox in Maine.—In letters from correspondents at the eastward, we are informed that smallpox has appeared in several towns and greatly alarms the inhabitants. It seems to be travelling towards the British provinces, where nothing has ever been done to limit its devastations. Vaccination is rarely practised in that region, unless there is some sudden alarm, and then but a few, comparatively, avail themselves of the benefit. If the authorities of the towns in Maine would only act energetically, when there is cause for excitement, owing to the generally unprotected state of the people, and order a general vaccination at the expense of the treasury, it would be both economical and humane. Unless such a course is pursued, there is no way of staying the increase of a most loathsome and terrific malady.

Principles of the Theory and Practice of Medicine.—It so happens, to-day, that there is barely room to acknowledge the receipt of a generous-sized volume, with the above title, by Marshall Hall, M.D., well known to fame, revised and much enlarged by our townsmen, Drs. Jacob Bigelow and Oliver W. Holmes—first American edition, from the press of Little & Brown.

Yellow Fever of Gibraltar, in 1828.—Messrs. Little, Brown & Co. have in press a translation from the French of the celebrated P. C. A. Louis, of Paris, by George C. Shattuck, Jr., M.D., of Boston, entitled the *Yellow Fever of Gibraltar in 1828, anatomically, pathologically and therapeutically considered*, which will be ready for circulation in about four weeks. That it will greatly interest the profession of this country, there cannot be a doubt. A further notice will be given of it as soon as a copy is in readiness for examination.

Case of Spontaneous rupture of the Spleen.—By DR. NUCKEL, of Cöln. —Mr. J., æt 25, had suffered for a fortnight from diarrhœa, but did not seem very ill, being able to get about. He took lead and opium, in small doses, without benefit. For two days before his death he kept his bed, on account of pains in the abdomen; on the last, he was suddenly seized with a feeling of anguish (Angstgefühl), and with cold sweats, &c.; he expired after a few hours. On examining the body, forty-eight hours after death, there was found a great effusion of blood in the abdomen and pelvis, which was traced to an angular rent in the spleen, three or four lines broad, and situated on the lower part of the anterior and outer surface of the viscus. The spleen measured about five inches in length and four in breadth. Its surface was of a dark, livid color. Its coat was so rotten that the fingers pierced it in handling it; the parenchymatous substance resembled a dark red paste. The great vessels in the abdomen were sound. The stomach and upper portion of the duodenum were normal, but the ileum was covered with numerous ulcers.—*Med. Zeitung.*

Ivory Bougies.—Charriere, surgeons' instrument maker in Paris, has exhibited to the Academy bougies and other instruments, made of flexible ivory (ivory from which the calcareous matter has been extracted). They are according to the pattern of some bougies given to him by Dr. Jüterbock, of Vienna. They serve the purpose completely of elastic gum instruments, and have the great advantage, that they may be made in a few days, whereas the preparation of caoutchouc instruments occupies several months. In a practical point of view, the ivory bougies have the advantage that, when they are dry, any desired bend or curvature may be given to them, which is retained notwithstanding their elasticity. The dryer they are on introduction the more they expand, without losing in durability and firmness.—*British and Foreign Medical Review.*

NOTICE.—S. Freeman, Esq., of Williamstown, N. Y., is no longer agent for the Boston Medical and Surgical Journal.

ERRATUM.—In the article on deafness, on 111th page, 25th line, for *cures* read *cases.*]

DIED.—At Bernardstown, Mass., Dr. Gideon Ryther, 71, Postmaster.

Whole number of deaths in Boston for the week ending Sept. 28, 35. Males, 15—females, 20.
Of consumption, 6—Inflammation of the bowels, 2—cholera infantum, 2—infantile, 3—teething, 2—typhous fever, 3—hooping cough, 2—slow fever, 1—dysentery, 2—old age, 3—debility, 1—acrodula, 1—croup, 1—scarlet fever, 2—stillborn, 1.

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

BENJAMIN SILLIMAN, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
ELI IVEY, M.D., Professor of the Theory and Practice of Physic.
WILLIAM TULLY, M.D., Professor of Materia Medica and Therapeutics.
JONATHAN KNIGHT, M.D., Professor of the Principles and Practice of Surgery.
TIMOTHY F. BEERS, M.D., Professor of Obstetrics.
CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are \$12 50 for each course, except that on obstetrics, which is \$6. The matriculation fee is \$5, and the contingent bill for the course on chemistry, \$2 50. The expense of a full course, therefore, is \$76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is \$15.

Yale College, August 1, 1839.

Aug 7—6t

CHARLES HOOKER, Secretary.

WASHINGTON UNIVERSITY OF BALTIMORE.

Medical Department.—Session, 1839—1840.

The regular Lectures in this institution will commence on the last Monday of October, and continue to the 1st of March. The Faculty consists of the following professors, in the order of their appointment.

J. H. MILLER, M.D., Professor of Anatomy and Physiology.
SAM'L K. JENNINGS, M.D., Professor of Materia Medica, Therapeutics, and Legal Medicine.
WM. W. HANDY, M.D., Professor of Obstetrics, and Diseases of Women and Children.
JOHN C. S. MONKUM, M.D., Professor of Institutes and Practice of Medicine.
EDWARD FOREMAN, M.D., Professor of Chemistry.
JOHN R. W. DUNBAR, M.D., Professor of Surgery and Surgical Anatomy.
W. R. HANDY, Demonstrator of Anatomy.

The plan of this institution is a new one in this country. The college buildings are so constructed, as to present peculiar advantages to the student, which every intelligent medical man will at once perceive, as this plan unites a Medical College, Marine and City Hospital, Rooms and excellent Board for a large number of resident students, who have the charge of the patients under the direction of the professors. Clinical lectures are delivered during the session, on Medicine and Surgery, by the professors of the respective chairs. Northern students who contemplate emigrating to the middle and southern States, are invited to examine the plan and location of this institution.

Additional information in reference to the plan, terms, &c., and a circular, may be obtained by a letter addressed to

JOHN R. W. DUNBAR,

Dean of Medical Faculty.

S 18—tN

MASSACHUSETTS MEDICAL SOCIETY.

A STATED meeting of the Counsellors of the Massachusetts Medical Society will be held at their room, Athenæum Building, Pearl street, on Wednesday, Oct. 2d, at 11 o'clock, A. M.

S 25—2t

S. D. TOWNSEND, Recording Secretary.

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—tN

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery and on diseases of the eyes, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, May 15, 1839.

2am6m

THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

THE perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical* cure may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary.

THO. CHADBOURNE, M.D., Concord, N. H.

References.—Amos Twitchell, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton.

A14—

SITUATION.

A PHYSICIAN, in a pleasant part of the "Connecticut Valley," wishes to dispose of some personal property, &c., and remove. Reference, for name and place, to the publisher of the Journal.

S 18—3t

TO PHYSICIANS.

A PHYSICIAN who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid.

S 18—4f

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXI.

WEDNESDAY, OCTOBER 9, 1839.

No. 9.

ON THE DEVELOPMENT AND STRUCTURE OF THE TEETH.

[Concluded from page 96.]

II. THE DEVELOPMENT OF THE TEETH.—The researches in this branch of odontology which have lately been published, and to the examination of which we shall at present confine ourselves, have an interest not much inferior to those of which we have already spoken. Much, however, in this department remains to be done; and observers have as yet to test the accuracy of the novel views which we are about to relate.

We shall speak—1st, of the Development of the Ivory of the Tooth; 2dly, of the Enamel; 3dly, of the Crusta Petrosa.

The Development of the Ivory of the Tooth.—The ivory of bone is formed by an organ called the pulp of the tooth. This pulp is, at an early stage of development, contained in a cavity called the follicle, from the base of which it grows, and to which it is attached by vessels and nerves. According to Arnold and Goodsir, this follicle is thus produced: at a very early period of development (between the fifth and seventh weeks) in the human subject, a groove is observed on the free margin of the alveolar arch; from the floor of this groove the pulps of the teeth grow; after a certain period, septa are formed, which separate the pulps from each other, and divide the groove into a series of follicles, which continue to have a communication with the mucous membrane of the mouth, until a much later period. Arnold has seen the orifices of these follicles quite distinct in a child at birth. The researches of Mr. Goodsir have been conducted on a very extensive scale, and he has published delineations of the development of the follicle in all its stages; at the time that he conducted his dissections, he was not aware of the views of Arnold, which appeared in the *Salzburg Med. Zeitung* for 1831. Purkinje and Raschkow are quite opposed to the above view of the development of the follicle, as described by Arnold and Goodsir. They state that they “have looked with the greatest care, and have made researches in comparative anatomy, but have never discovered a trace either of the groove or of the orifice of the follicle.” Raschkow states that “the membrane of the follicle consists of soft fibres mixed with much granular matter; at the earlier periods of development, this follicle is not united with the gum; its internal surface is smooth like a serous membrane.”

The Pulp or Dental Germ.—The pulp is developed in the interior

of the above-mentioned follicle, which, when the latter assumes the name of *capsule*, Raschkow considers "the pulp to be a production of the interior of the capsule, inasmuch as the two are inseparably connected, their vessels and nerves having a common origin." He denies that the dental germ is a continuation of the dental nerve. The following is a condensed account of the views of Raschkow on the pulp and its functions. This organ, at its earliest period, consists of globular granulations, in which are not observed either vessels or nerves; afterwards the vessels appear and then the nerves. The granules of nervous matter, in the interior of the pulp, assume the form of nervous cords, after the vessels are completely formed. In no part of the body are the extremities of the nerves so well seen as in the pulp, when it is mature. The nerve upon entering the pulp divides into filaments, the latter into a pencil of rays, in which they terminate. These filaments are accompanied by a cellular web. In the interior of the pulp of the hare, sow and stag, stony concretions may be observed towards the apex. A membrane covers the dental pulp from its base to its apex; in this membrane the formation of the dental substance always commences. This membrane Raschkow calls "*membrana præformativa*," and it is described by him as being very dense. Raschkow has observed upon the surface of this membrane, previously to the formation of the dental substance, certain elevated spots. These he considers to be most probably transformed into the undulating ridges on the surface of the dental substance, to which the enamel is attached. According to Raschkow and Purkinje, the dental substance is formed immediately under the preformative membrane, the latter assuming an almost stony hardness; between the dental germ and this ossified membrane, a layer of dental fibres is deposited from without inwards, the parenchyma of the dental germ supplying the materials. It will be seen that the views of the above observers differ much from those of preceding writers. Hitherto it has been supposed that the membrane covering the surface of the pulp, and intimately adhering to it, is the secreting organ of the ivory. Observers have accounted for the peculiar waving course of the tubes in ivory, by supposing that the pulp undergoes certain periodic movements.

Development of the Enamel.—We have seen that the first stage in the development of the tooth consists in the formation of a follicle or capsule, from the base of which grows an organ—the pulp, the function of which is to secrete the ivory of the tooth. Contemporaneously with the appearance of the pulp is the formation of another structure, a growth from the internal layer of the capsule; it is the formative organ of the enamel. It appears directly opposite to the ivory pulp, was called by Hunter the "enamel pulp," and by Purkinje and Raschkow the "adamantine organ." The researches of the two last-mentioned authors are highly interesting. They state that the "adamantine organ appears as a globular nucleus, having a granular structure, projecting into the cavity of the capsule towards the pulp of the ivory;" and that it eventually is converted into the membrane which secretes the enamel in the following manner: "It throws off towards its internal surface a

stratum of fibres, producing the appearance of a silky covering. These fibres are eventually converted into a membrane—the membrane of the enamel. It has no traces of vessels or nerves. If examined with the microscope it will be found to consist of hexagonal bodies of almost equal size. Each of these fibres must be considered as a *gland*, whose function is to secrete a single enamel fibre, corresponding with itself. Each *gland*, simultaneously with the earliest formation of the dental substance, deposits the primitive part of each adamantine or enamel fibre, one upon another, so that every one of these fibres, when carefully examined by the microscope, displays the order of its parts arranged in strata in a transverse direction.” The enamel is first deposited upon the hardened preformative membrane mentioned above, and the progress of its formation corresponds exactly to that of the development of the ivory. At an early stage of the production of these enamel fibres, the organic substance is a lymph which enters between each individual fibre, and appears to soften its entire substance; this organic substance appears to be formed by the parenchyma of the adamantine membrane between the above-named *glands*.” Purkinje and Raschkow suppose that this animal substance, by means of a chemico-organic process, enters into close connection with the earthy matter, and thus forms the animal basis of the enamel, which is evident, by means of the microscope, after the latter has been placed in acid. These observers account for the production of the peculiar waving fibres of the enamel by the occurrence of certain movements in the adamantine membrane. The adamantine membrane is permanent in the incisors of the rodentia. Previous to the formation of the adamantine organ, it is supposed that the rudiments of this structure exist in the form of a serous sac.

Development of the Crusta Petrosa and Cementum.—Upon this branch of the subject much remains to be done. No new facts have been adduced since the time of Cuvier. The crusta petrosa and cementum are formed subsequently to the completion of the ivory and enamel; but whether the organ which produces them is a modification of those which formed the latter, or one for their especial development, anatomists have not yet determined.

The result of the investigations above detailed is that the structure of the tooth is very analogous to that of bone. We shall refrain from making any observations upon this analogy until we have laid before our readers a view of the recent discoveries upon the structure of the latter tissue (and which we hope to do in an early number). Although we possess so full an account of the internal composition of the teeth, we are very deficient in researches into the development of each individual part of the tooth, as well as of the organ generally; we have noticed above that Purkinje and Raschkow entertain opinions directly opposite to those of Arnold and Goodsir; in fact, we believe, that upon no subject is there a greater diversity of opinion than upon the nature and functions of the structures in connection with the development, growth and organization of the dental apparatus. In support of this assertion, we refer to the first part of the work by Mr. Nasmyth. The cause of the strange discrepancies of opinion therein detailed, appears to arise from

the too partial examination of the subject before us, which has been conducted by various observers.

Mr. Nasmyth promises to prosecute an extended series of researches into every branch of odontology; in doing so we feel sure that he will reconcile many of the present conflicting opinions, and we hope to receive from his hands, what is much wanted in medical literature, a Systematic Treatise on the Development, Structure, and Diseases of the Teeth.

To conclude: to those who wish to pursue the subject which we have so briefly brought under notice, we recommend the first part of the work of Mr. Nasmyth, as containing an entire translation of the papers of Retzius, which are illustrated by many beautiful and original plates; also a complete view of the researches of those whose names we have introduced in the present article; and, lastly, a comprehensive historical survey of all works on odontology.—*Brit. and Foreign Med. Review.*

REMARKS ON THE PERCEPTION OF FORM.

(Concluded from page 125.)

FORM results from the limitation of the extension of bodies, and it may be proved by admeasurement that the particular form of any body is determined by the relative distance and direction of the points of its surface from its centre, or from any other of its points, always measuring from the same point. In regular forms, as a perfect sphere, it is easy to prove this. The form of a crystal depends on the distance and direction of the particles of its surface from the primitive nucleus of formation.

It is my present object to show that the *apparent* form of a body depends on the relative distance and direction of the points of its visible surface from the point of observation, when we see it *correctly*, and that when we are deceived with regard either to the relative distance or the relative direction of its points, its form appears different from what it really is. If this can be shown, it will necessarily follow that the perception of form is compound, and that it cannot, in accordance with the received principles of phrenology, be attributed to a single faculty; for it is one of its fundamental principles that every perception essentially distinct in its nature, depends on a distinct power of the mind.

In investigations like the present, it must be constantly borne in mind that the impulses by which bodies at a distance make impressions on our organs of sight, come from them in the form of rays; thus when we look at an object, rays of light of different lengths, and coming from different directions, strike the retina, and the impressions they there make being propagated to the brain, excite the perception of the distance and direction of the points from which they come. When we touch any object, the impressions it makes on us are conveyed by a very circuitous route along the nerves to the brain, where their character is perceived by the different mental faculties; but our perceptions are the same as if ~~they~~ came to the brain in right lines, and it is only by observation and reflection that we discover how circuitous their real route is. Our

perceptive faculties are so constituted that they take no direct cognizance of the refraction of the rays of light, or of sound, or of that of the impulses of touch; our perceptions are what they would be if the impulses came in a direct line from the points from which they appear to come.

I draw a line four inches in length, which *appears* straight, and which can be proved mathematically to be straight; I place a point which I call the point of observation three inches from it, and equidistant from both of its extremities, and I find that if I vary *perceptibly* the distance and direction of any of its middle points from the point of observation, while the others remain the same, the line ceases to appear straight, and that in reality it ceases to be straight. If I wish to vary the position of its extreme points, or to add new points to its extremities, and still preserve the straightness of the line, I find that I am obliged to place them in a certain direction and at a certain distance from the point of observation. A straight line may be proved in the following manner. "A straight line is that line the distance of each of whose points from the point of observation is proportionate to the secant of the direction of this point. Understanding by the direction of this point the angle PAB , which the line AP drawn to it makes with the perpendicular AB ." Draw a line from the point of observation to the middle of the straight line, and another to one of its extremities. Place A at the point of observation, B at the middle of the straight line, and P at the extremity to which the other line is drawn.

When I look at a plane surface two inches square, placing its central point immediately opposite, and each of its angles equally distant from, the centre of the cornea, I perceive that its points become more and more distant from the centre of the cornea, in proportion to their distance from the centre of the square, and that though there are complete circles of points, all equally distant from the centre of the cornea, each point is in a different line of direction. If I vary *perceptibly* the distance of a single point, while the others remain the same, the surface ceases to *appear* plane and to *be* plane. If I substitute for the plane surface a sphere two inches in diameter, I perceive that the distance of its points from the centre of the cornea increases much more rapidly as they recede from the centre of the spherical surface than they did in the plane surface. When I substitute for the sphere a regular cone whose base is two inches in diameter, I perceive that the lines of direction of the points of its surface increase in length from the point of observation much more rapidly as they recede from the vertex, than they would if the surface were spherical. If I vary *perceptibly* the distance or direction of a single point, while the others remain the same, the form *appears* altered, and that it is *really* altered may be proved by admeasurement. It is evident, then, that when a person knows the relative distance and direction of all the points of the visible surface of a body from any given point, he has a perfect knowledge of its visible form. It is undeniable that we do get our knowledge of the visible properties of bodies by means of impulses coming in the form of rays from every point of their visible surface, and it is also undeniable that the apparent form of a body depends on the apparent relative distance

and direction of the points of its visible surface from the point of observation ; for it has been, and can again be, proved by innumerable experiments, that when we are deceived with regard either to the relative distance or relative direction of the points of a surface, its form appears different from what it is. When we can succeed in getting two distinct images of an object which appear to come from entirely different distances and directions, the object appears double. This may be done by pushing a little aside one of the eyes when they are both directed towards the same object ; the images are then formed on non-corresponding parts of the retina, and in consequence appear to come from entirely different distances and directions, but the form of the images is the same, because the relative distance and direction of their parts are the same in both. When we place a straight rod in a vessel, and cover a part of it with water, it appears bent, and the reason is that the relative distance and direction of the points of its surface appear changed on account of the refraction of the rays of light coming from the part under the water, and we can never by any effort learn to *see* the rod straight, while it and the eye remain in the position referred to.

When we look between two long parallel rows of trees or buildings, they appear gradually to approach each other at their further extremities. This deception results from the limited nature of our faculties, and from the laws of light. We cannot estimate by sight a great distance so accurately as we can a short one ; other things being the same, we receive fewer rays of light from a distant object than we do from a near one, and in consequence of the diminution of the vividness of the impressions, we cannot perceive so accurately their character. The points of the lines appear nearer than they are, but they still appear in their true lines of direction, when the rays are not refracted before they reach the eye. The deception with regard to their distance increases so gradually and so regularly, that the apparent lines have all the characters of a right line, and of course do not appear bent ; in other words, the lines appear to have exactly that inclination towards the eye which they would require to have to constitute them right lines, were they situated as they appear to be. We are deceived as to the real distance of the points of each line, but not as to their relative distance, from the point of observation.

When we are deceived with regard to the form of a body by shading, we are always deceived with regard to the relative distance or direction of its points, from the point of observation, commonly both. The reader may satisfy himself of this by examining prints or paintings. The labor of the artist being laid out on a flat surface, he is obliged to throw depth into breadth or height, and he who succeeds in representing the most naturally depth by breadth or height, is the best artist, as far as concerns perspective.

As (other things being the same) a body always appears smaller the further it is removed from the eye, it seems that size and distance are essentially the same perception—if so, they must depend on the same faculty. Length is distance from one end to the other ; breadth, width, thickness, distance from one side to the other ; depth, distance from the

top to the bottom ; height, distance from the bottom to the top ; these words therefore include the idea of direction. Distance is perceived by the faculty called size, and direction by that called locality.

The reader will perceive by the following extract from the last edition of Mr. Combe's "System of Phrenology," that my opinion with regard to the perception of form is not altogether without phrenological support. "In the last edition, I mentioned the case of a lady who having Form large and Size deficient, copied figures accurately in regard to form, but inaccurately in regard to size. To which statement Mr. Jeffrey objected that size is necessary to proportion, and proportion to form, and that there was inconsistency in the account of the lady's talents. Mr. Jeffrey is right : she informs me that it is only the simplest forms, which have few parts, that she is able to copy correctly, and in drawing even them she will err in size ; but that when a figure has detached parts, although she may give the outline of each part by itself with considerable accuracy, it will be larger or smaller than the original ; whence the whole figure will be deficient in proportion. In drawing from nature, she failed in perspective ; nevertheless she feels great pleasure in observing forms, recollects them easily, has a complete mental consciousness of the powers of Form and Size being different, and of the one being strong and the other weak in her mind." It seems to me that this case furnishes very strong evidence in favor of the opinion that the perception of form does not depend on a single faculty. It was to be expected that the lady would err less in drawing a small part of a complex figure than in drawing the whole of it, and it is evident that she did not recollect forms *accurately*.

When phrenologists assert, that other things being the same, the person whose eyes are the furthest apart has the most accurate and distinct perception, and consequently the best recollection of forms, they assert no more than can be proved to be correct ; but when they go on to say that the perception of form depends on a single cerebral organ, which, when large, produces breadth between the eyes, I think they assert more than can be proved. There are certain physical reasons why a person whose eyes are far apart perceives the form of objects more accurately and with less trouble than a person whose eyes are near together, supposing every other thing to be the same. It is an easily demonstrable fact that those persons who have the eyes far apart, are able to get a more extensive, and consequently a more accurate, view of many irregular bodies, at a single glance, and without moving the head, than those persons whose eyes are near together. It is easy to place a body in such a manner that a man whose eyes are far apart shall see three faces of it, while another, whose eyes are near together, shall see only one face, when both are standing in the same position. It is evident, then, that the two men would have very different ideas of its form. Persons whose eyes are near together may see distinctly what is in view, but their range of vision is less extensive, and their ideas of the form of many irregular bodies cannot be so accurate, as they would be were their eyes far apart ; on the same principle that a man who is near sighted and can see only the lower part of a building, has a very

different idea of it than he would have if he could see it all. From the constitution of the material world, a man who has but one eye sees much less than he would if he had two. The portraits of a painter whose eyes are near together are apt to appear flat and dead; they want relief and depth; he sees less of the face and head at a single view when in certain positions, than he would if his eyes were far apart, and he is naturally inclined to represent as much as he sees at once, or but little more. Were he aware of the disadvantage under which he labors, he would find it difficult to overcome it by superior attention, and at the same time make his portraits appear natural. He would be apt to destroy their unity. Gilbert Stuart's portraits are remarkable for their depth and relief; they appear to stand out from the canvass; you imagine you can see the entire form of the person represented. Though I do not know it to have been the case, I have no doubt that Stuart's eyes were uncommonly far apart.

The organ of Size, when large, evidently increases the distance between the eyes, particularly when Individuality is also large and sinks low between them. When Individuality is small, Size may be large without pushing the eyes apart, for in such cases it is generally placed higher than when Individuality is large. There may be considerable breadth between the eyes when Individuality is large and Size deficient. Let the phrenologist look at the portraits of Sterne, Captain Cook, Reubens, Lord Bacon, given in Dr. Spurzheim's work on phrenology, and he will be convinced that if the portraits are correct, the organ of Size has much influence on the position of the eye-balls. From an examination of skulls externally and internally, and of the living head, I am convinced that the distance at which the eyes are placed from one another depends very much on the position and development of the organs of Size and Individuality.

Boston, Sept., 1839.

ANDREW ALEXANDER, M.D.

SMALLPOX IN MAINE.

BY A CORRESPONDENT.

DEAR SIR,—I have recently visited, by request of their physicians and municipal authorities, the towns of Boothbay and Edgecomb, to examine several cases of smallpox, which were found to be of the *distinct variety*. It was introduced into Boothbay by a seaman landed there, who came directly from some infected region, and he passed through the different stages of the disease without exciting even a suspicion of its character; it having passed among the inhabitants for chickenpox. The case was a very mild one—pustules distinct and few in number, and the fever slight. In the immediate neighborhood of this case there have been several of patients who have recovered (one with the loss of an eye), and there were yesterday, under the care of Dr. Cushman (a quondam pupil of mine) 20 cases in which the eruption had appeared, and others coming on; and I regret to add that the malignity of the disease increases with the number of cases. Some of these cases were very severe. High fever during the suppurative stage—great tumefaction of the face—much cerebral excitement, delirium, &c.

This vicinity is an island, in the south part of Boothbay, and has been visited by hundreds for the benefit of sea air, and for fish, from the interior counties of our State, who I fear may have carried the infection with them into the most valuable agricultural sections of Maine.

The case in Edgecomb came from the same source, and yesterday, on my return home, I found one in this village. The subject of it, unconscious of the nature of his disease, although in the eruptive stage (a very mild case), was beside the street, when all the military and spectators of a regimental review were passing. A number of the inhabitants of this, and neighboring villages, have been in actual contact with him. The eruption has also appeared in Alna, about ten miles from this, on a man who had been to Boothbay.

At Boothbay I was informed that not one out of 20 of the inhabitants had been vaccinated, and their population is about 2700. From this statement you may judge of the prospect of the diffusion of this disease through a part of our State. Many think it will reach Madawasca; and if it do, the Blue-noses of the disputed territory may think of the lines of McFingal:

"To rid the land of every TRAITOR,
They'll send the *Small-pox* and the *greater*."

Wiscasset, Sept. 18, 1839.

Since writing the foregoing, I learn there have been 5 deaths out of the 20 cases at Boothbay. In one case of *varioid* that fell under my care, the patient had been vaccinated from an arm that had received the virus 11 days previous. This man had been equally exposed to the contagion with an *unvaccinated* companion, who presented one of the most severe cases, and narrowly escaped death; while the *varioid* patient (who had marked and severe premonitory symptoms of the eruptive stage), was not confined to the house by the disease one hour after the eruption appeared. I do not name this case as unusual to those who have been familiar with *variola*, but merely note it as an additional proof of the astonishing prophylactic influence of vaccination.

The remark of Cazenave or some writer that "*confluent* and *distinct* pustules are sometimes seen on the same patient," was verified in some of these cases.

Sept. 29, 1839.

REVACCINATION IN THE PRUSSIAN ARMY.

THE following Report, by Dr. Lohmeyer, exhibits the result of revaccination in the Prussian Army in the year 1838. It was drawn up from official documents, and published in the "*Medicinishe Zeitung*" for May last.

"Total number of individuals inoculated (revaccinated) 42,041, of which number there were cicatrices from former vaccination—

distinct, in	-	-	-	-	-	33,819
indistinct, in	-	-	-	-	-	5,645
none, in	-	-	-	-	-	2,577

The resulting vaccination was

regular, in	-	-	-	-	-	-	19,117
irregular, in	-	-	-	-	-	-	8,072
did not take, in	-	-	-	-	-	-	14,252

In the cases of failure the vaccination was repeated

with effect, in	-	-	-	-	-	-	2,306
without effect, in	-	-	-	-	-	-	10,424

Of the individuals in whom the disease was perfectly regular, there were from

1 to 5 pustules in	-	-	-	-	-	-	8,787
6 to 10	"	-	-	-	-	-	5,581
11 to 20	"	-	-	-	-	-	4,056
21 to 30	"	-	-	-	-	-	693

Of individuals revaccinated with effect in the present and former years, there were affected during 1838

with varicella	-	-	-	-	-	-	19
with varioloid	-	-	-	-	-	-	10
with true smallpox	-	-	-	-	-	-	2

It appears, from the preceding statement, that the results of revaccination in the army, during the year 1838, closely resemble those observed in 1837, in both years about 45 in the 100 exhibiting true vesicles running a regular course. The resemblance would have been still greater, but for the circumstance that many men were included who, according to their own account, had been previously revaccinated at their own homes, but who exhibited no marks on their arms; these were almost always among the failures. According to the reports of the medical officers, there were also many cases in which the development and course of the disease were disturbed, chiefly through carelessness on the part of the individuals in allowing the pustules to be broken or otherwise injured.

The opinion formerly pretty prevalent that, failing lymph immediately from the cow, the only proper matter for vaccination is that taken from children with good pocks, has now few supporters among the military surgeons, as they have ascertained by manifold experience that the lymph from well-formed pocks of adults, whether in the first or second vaccination, produces as fine and regularly-proceeding vesicles as that from children. Accordingly, it is the practice of most of the medical officers, only in the commencement of the revaccination to use lymph from children. Many even, like the Wurtemberg vaccinators, give the preference to the latter for communicating the disease to adults.

Inoculation with dry, preserved lymph, was in a great degree ineffectual. In a child vaccinated with lymph of this kind, there appearing no result, it was again vaccinated, eight days later, with fresh lymph from the arm, after which not only all the latter punctures, but also two of the former, took, and exhibited good and regularly-proceeding pocks. In the case of a man of the 6th artillery brigade, the pocks did not appear until six weeks after the inoculation (two on the right and three on the left arm), and their development was accompanied by so much

inflammation in the vicinity, and gave rise to so much fever, that it became necessary to remove the patient into the hospital.

In several individuals natural smallpox appeared soon after the vaccination. In two cases this happened before the third day, and in these the vaccination had no result. In two other cases, on the contrary, the modified smallpox (varioid) appeared when the vaccine vesicles were in perfection, and then they sustained no alteration in their progress.

The whole number of smallpox cases in the army in 1838, was 111; 56 being characterized as varicella, 43 as varioid, and 12 as true variola; in this number are included the 31 cases formerly mentioned as occurring after successful revaccination. Seven cases of the smallpox were fatal, but no fatal cases occurred among the 31 just mentioned; in all of whom, on the contrary, the disease was mild, and indeed quite insignificant. The greater number of cases of smallpox (as was also the case in former years) took place in recruits shortly after joining the army, and before revaccination could be employed. Some of the older soldiers, however, were also attacked with the disease in some of its forms; for instance, some of the subordinate officers who had been previously revaccinated without effect, or who had entered the army previously to the introduction of the practice of revaccination. Most of the cases of natural smallpox occurred in the 7th division, viz., 37, and for the most part in the garrison of Minden. In the 4th division not a man failed with smallpox, although the troops mixed more or less with the inhabitants of their stations or of the vicinity. This favorable result is principally to be attributed to this circumstance—that in the district of the 4th division the recruits joining the army in the autumn of 1837 were, for the most part, subjected to revaccination immediately on their arrival; whereas, in other cases, it has been customary to put off the revaccination of such recruits, at least in a considerable proportion, until the spring.”

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 9, 1839.

HALL'S PRACTICE OF MEDICINE.*

MARSHALL HALL, M.D., a lecturer on the theory and practice of medicine, whose reputation is as extensive almost as the circuit of the English language, is the author of a treatise on the Theory and Practice of Medicine, which is a production of acknowledged merit. Drs. Bigelow and Holmes, of Boston, have revised and enlarged it, with commendable care, and it gives us pleasure to accord to them the meed of praise for their labor. It strikes us, after a patient examination, that no practitioner who has once had this book in his possession would know how to dispense with it. There is a conciseness of description that has rarely been

* Principles of the Practice of Medicine, by Marshall Hall, M.D., &c. &c. First American edition, revised and enlarged, by Jacob Bigelow, M.D., Professor in Harvard University, &c. and Oliver Wendell Holmes, M.D., Professor in Dartmouth College. Boston: Little & Brown. 8vo., pp. 720.

equalled by any other author; and in addition to the advantages arising from the convenience of having an orderly arrangement of diseases, their histories, symptoms and treatment, in the fewest words, those who have pupils will find that the manner in which the American editors have discharged their duties, lays them under manifest obligations.

Part First contains the theory of medicine, divided into chapters. The first is on *medical observation*; the second treats of the *signs or symptoms of disease*; the third, the *causes of disease*; and the fourth is on the *treatment of disease*. Under these appropriate divisions, we have the signs of disease derived from external appearance, and signs derived from the respiratory system. Next percussion, auscultation, voice, succussion, cough, expectoration, &c. Signs derived from the circulating system, the nervous, the digestive, the urinary, generative, and the signs derivable from the effects of remedies.

The editors, or in fact, authors, appear to have wholly prepared the first part—a most excellent and indispensable addition to the original text. Throughout the entire volume, the additions they have made are readily recognized, and form an essential feature in the construction of the American edition.

It may be a novelty to some to have engraved illustrations in a book professedly written on the theory and practice of medicine. The design, however, will meet the approval of all. By an attentive examination of these xylographic pictures, generously interspersed, the young physician, whose opportunities for the study of morbid appearances have been limited, may be able to designate them.

The last chapter, devoted to the consideration of *entozoa*, in which the various kinds of worms investing the cavities and passages of the living body, are most accurately drawn on wood, accompanied by an interesting dissertation, also furnished by the editors, is particularly valuable.

Without doing full justice to the claims of these gentlemen, it would have been unpardonable to have said less. To students of medicine, especially, we recommend this edition, as being superior to any other work extant for them. Without being tedious in detail, or overburdened with descriptions and unnecessary repetitions, or distorted with theories, it presents a rational guide in the cure of diseases, the great object we all have in view.

Medical and Topographical Observations upon the Mediterranean.—An uncommonly interesting book is presented to those who have any disposition to know the things medical in Portugal, Spain, and other countries, by G. R. B. Horner, M.D., surgeon of the U. S. Naval Asylum, which will doubtless be read, also, with marked satisfaction by all who have a taste for travels. We are now in the process of reading it, and in referring to the work hereafter, shall make such extracts as will convince those who have not procured Dr. Horner's Observations, that there is much intellectual pleasure in store for them. Messrs. Haswell, Barrington & Haswell, publishers, of Philadelphia, will please accept our thanks for a copy.

Meeting of the Medical Council.—Agreeably to the requirements of the statute, a quarterly meeting of the Counsellors of the Massachusetts Medical Society was held at the Athenæum, on Wednesday last, October 2d. An elaborate report of the doings of the delegation which met at Worcester

on the 10th of July, was ordered to be printed and circulated immediately among the fellows. No delegates were appointed to attend the National Medical Convention at Philadelphia, as many other societies have done. The subject was deferred to the next session of the Council in February, when it will be too late, and Massachusetts will not, therefore, be represented, unless there is a special meeting called. Some minor matters were discussed, and reports made, not, however, particularly interesting to the general reader. The names of those who have lately become fellows would be published were we in possession of the catalogue.

Dwarfs and Giants.—Notwithstanding the commonness of exhibitions in which the freaks of nature, as they are popularly called, constitute the essential attraction, it comes within our province to notice several persons who are now to be seen at Concert Hall, in this city—as the facts in relation to them may be useful to the philosopher or the physiologist. Without attempting to assign a reason for their being either uncommonly short or tall, the whole field is left for the speculation and conjectures of those who are fond of exercising their ingenuity to decypher the physical mysteries of our existence.

First, there are two miniature men, brothers, the one 43 and the other 34 years of age, well proportioned, intelligent, and agreeable in their manners and conversation, weighing only about 45 pounds each. Both have the care-worn expression of approaching age—in reality they are old men. Their parents were of ordinary height and proportions. Three, of several children, were dwarfs; but all the others were well developed. They are natives of Chester, Mass., where they have always resided till they were persuaded to offer themselves for exhibition. The oldest has six children, not one of them inheriting the miniature fabric of the father.

Secondly, Miss Jones, a highly-gifted young lady, a native of Connecticut, 22 years of age, whose weight is 73 pounds, and whose height is only 43 inches, presents the appearance of a full-grown woman whose limbs have been amputated just below the pelvis. Nothing is wanting in her case but length of the lower extremities, which are scarcely longer than those of an infant. To sustain the weight of the body, the muscles are necessarily enlarged in bulk. Her arms appear a little shorter, perhaps, than exact symmetry requires. No cause has been assigned for this singular condition of a part of her body. No accident ever occurred that could have had a controlling influence over the growth of her limbs. Her parents, as well as her brothers and sisters, are no way singular in their persons.

Thirdly, by way of studied contrast, is Mr. O'Clancy, known familiarly as the Irish giant, who is *seven feet and two inches* tall. He is 29 years old—in good health, and, taken all in all, a fair specimen of humanity. From early life he has labored as a farmer, till he was persuaded to follow the more lucrative, but less laborious business of travelling for gain. Neither of his brothers or sisters were remarkable for height. His father measures 5 feet 8 inches, and his mother 5 feet 9. The whole course of his life, so far as regards exercise and diet, was in all respects like the rest of the family to which he belongs. In the course of his peregrinations in different countries, he says he has seen two men taller than himself. We imagine Mr. Porter, the Kentucky giant, who was on exhibition in Boston, last winter, was one of them. Our impression is that he was not far from 7½ feet high!

In connection with this singular group of the extremes of mankind, we noticed an Albino, whose milk-white hair and tremulous eye-balls—the pupils of which, under certain conditions of light, sparkled like red gems—were no less objects of intense interest.

However much these kinds of sights are the legitimate favorites of the vulgar public, they are especially deserving of the marked attention of the scientific; they are nature's specimens, which are always rare, though her cabinet is extensive.

Dr. Chapin's Uterine Supporter and Lever Truss.—A gentleman who appears to be familiar with the value of these instruments, has left specimens for inspection or trial—and whenever an opportunity presents, we shall not forget to use them. So many devices for aiding the lame, the halt, and the blind, are continually crowded upon the notice of the profession, that it is quite impossible to appreciate the merits of all, at sight. We are necessarily obliged to rely very much upon the judgment and sound discrimination of others in these affairs—and when convinced of the soundness of an opinion, based on the actual experience of a discreet practitioner, we are disposed to make every honest exertion to bring them before the medical public.

John R. Chapin, M.D., of New York, the inventor of the apparatus of which we are speaking, certainly discovers himself to be a man of mechanical ingenuity: the workmanship, too, is faultless—and upon the presumption that those medical gentlemen who have given their names, are fully satisfied of the utility and importance of Dr. Chapin's invention, we urge it upon our friends to begin at once with them—that it may be ascertained whether the relief they afford is imaginary, or really of a permanent character.

Becks' Medical Jurisprudence.—The last number of the British and Foreign Medical Review contains the following favorable notice of the work on Medical Jurisprudence by two of our countrymen.—“This work has been so long before the profession, and has justly acquired so high a character, in Europe as well as in America, that it may seem superfluous to notice it. We are, however, desirous of calling the attention of our younger readers to the best and most complete treatise which is anywhere to be found on this important department of medical science; and we are at the same time glad of the opportunity of offering our tribute of respect to the learned and estimable physicians who are its authors.”

Mixtures.—No. 11. R. Mist. ammoniaci, ℥ivss.; vini antim. potassio-tartratis, ℥iv.; tinct. camphor. comp., ℥ss.; syrupi tolutani, ℥i. M. Cochleare unum pro re nata.

No. 12. R. Decoct polygalæ, ℥viij.; tinct. camphor. comp., ℥i.; syrupi zingib., ℥ss.; mucil., ℥i. M.

MARRIED.—In Norwich, Ct., Edward Strong, M.D., of Northampton, Mass., to Miss Lucretia W. Mitchell.—At North Cannan, Ct., Sidney Stillman, M.D., of Honesdale, Penn., to Miss Sophia R. Isham, of the former place.—At Simsbury, Ct., Joseph Palmer, M.D., of Ashford, to Miss Fidelia S. Barber.

DIED.—At Billerica, Mass., Dr. Thaddeus Brown, 37.—In Boston, Dr. Jacob Gates, 65.

REGISTER OF THE WEATHER.

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1839. Septemb.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	Therm. U. S.	Therm. F. H.	Therm. U. S.	Barom. U. S.	Barom. F. H.	Barom. U. S.			Therm. U. S.	Therm. F. H.	
1 Sun.	44	70	66	29.64	29.73	29.71	N W	Fair	43	68	Aurora borealis. Brilliant aurora borealis, extending over the whole heavens, exhibiting one of those splendid celestial phenomena that have attracted so much attention in modern times. Few have been more magnificent.
2 Mon.	52	76	71	29.70	29.74	29.72	N W	Fair	48	74	
3 Tues.	54	79	72	29.70	29.71	29.70	S W	Fair	53	77	
4 Wed.	52	77	70	29.65	29.66	29.63	S	Fair	52	76	Fine season for ripening crops. High wind, flying clouds. Very pleasant, aurora borealis. Frost in low grounds.
5 Thur.	62	76	70	29.51	29.40	29.34	S E	Rain	60	77	
6 Frid.	58	78	74	29.33	29.24	29.24	N W	Fair	58	79	
7 Satur.	64	80	62	29.26	29.28	29.30	S W	Fair	63	81	Dense fog. Rain in the night.
8 Sun.	57	61	60	29.34	28.35	29.31	N E	Cloudy	57	64	
9 Mon.	61	79	77	29.15	29.16	29.14	S W	Fair	56	80	
10 Tues.	65	76	69	29.23	29.22	29.22	N W	Fair	63	75	Aurora borealis.
11 Wed.	50	67	60	29.30	29.28	29.30	N W	Fair	48	68	
12 Thur.	46	63	58	29.38	29.40	29.41	N W	Fair	46	65	
13 Frid.	48	59	56	29.40	29.38	29.44	N W	Fair	46	60	Fog. High winds.
14 Satur.	45	65	60	29.65	29.72	29.73	N W	Fair	43	61	
15 Sun.	42	58	62	29.77	29.78	29.68	S W	Fair	41	70	
16 Mon.	54	74	68	29.61	29.58	29.54	S	Fair	54	75	Shower in the evening. Shower in the night.
17 Tues.	58	76	61	29.50	29.48	29.49	S	Fair	57	77	
18 Wed.	61	74	70	29.30	29.28	29.26	S W	Fair	61	76	
19 Thur.	60	73	68	29.20	29.35	29.40	N W	Fair	59	76	High wind. Shower in the night.
20 Frid.	60	72	68	29.48	29.47	29.47	N W	Fair	55	73	
21 Satur.	54	76	70	29.46	29.52	29.54	N W	Fair	53	76	
22 Sun.	52	78	72	29.46	29.34	29.22	S W	Fair	51	78	Rainy afternoon and evening.
23 Mon.	60	68	62	29.09	29.11	29.15	N W	Fair	58	78	
24 Tues.	42	66	62	29.18	29.20	29.20	S W	Fair	41	66	
25 Wed.	51	65	56	29.24	29.26	29.20	N W	Fair	49	67	High wind. Shower in the night.
26 Thur.	54	54	50	29.03	29.10	29.24	N W	Fair	51	58	
27 Frid.	38	62	60	29.41	29.30	29.23	S W	Fair	36	64	
28 Satur.	42	53	49	29.36	29.47	29.48	N W	Fair	39	63	Rainy afternoon and evening.
29 Sun.	39	56	53	29.51	29.55	29.53	S W	Fair	36	58	
30 Mon.	43	53	46	29.68	29.61	29.63	N E	Cloudy	38	53	

The month of September has been one of great uniformity of temperature, extremely pleasant, having an unusual number of fair days, and yet no want of rain. There has been no frost sufficiently severe to injure the crops, or even to kill the tenderest vines. Vegetation has the verdure of June, and the forests have not begun to assume the variety which renders them so beautiful in autumn. The range of the thermometer has been from 36 to 80; barometer, from 29.03 to 29.78.

Whole number of deaths in Boston for the week ending Oct. 5, 38. Males, 22—females, 16.

Of consumption, 2—old age, 1—infantile, 3—dysentery, 3—scarlet fever, 7—teething, 2—smallpox, 1—burn, 1—acrolula, 1—dropsy on the brain, 2—throat distemper, 1—jaundice, 1—liver complaint, 1—dropsy, 1—debility, 1—typhoid fever, 1—marasmus, 1—lung fever, 1—inflammation of the bowels, 2—drowned, 1—stillborn, 3.

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPEK,
J. MASON WARREN.

Oct. 9—1f

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The course of Lectures for the ensuing season will be delivered in the new and extensive college edifice in Crosby street. It will commence on the first Monday in November and continue four months.

Physiology, by	JOHN AUGUSTINE SMITH, M.D.
Theory and Practice of Physic, by	JOSEPH M. SMITH, M.D.
Materia Medica and Medical Jurisprudence, by	JOHN B. BECK, M.D.
Chemistry and Botany, by	JOHN TORREY, M.D.
Special and General Anatomy, by	ROBERT WATTS, JR., M.D.
Surgery and Surgical and Pathological Anatomy, by	WILLARD PARNES, M.D.
Obstetrics, by	JAMES R. MANLEY, M.D.

Fee for the whole course, \$100.

New York, July 24, 1838.

J. AUGUSTINE SMITH, M.D., *President.*

NICOLL H. DERING, M.D., *Registrar.*

Jy 31—sept 015

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

FOR the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well inguinal, Vento-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peterson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Eoby, Professor of Anatomy and Surgery, Bowdoin College. Price from \$1.50 to \$4.00, according to size and finish. To physicians those of men's sizes will be sold at \$2, 2.25, 2.50, 2.75, and \$3.00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21—

M. R. FLETCHER.

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

The regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL McCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUSTON, M.D., Professor of Materia Medica and Pharmacy.
7. JOSEPH PANCOAST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, \$15. Graduation fee, \$30.

Aug 7—tN1

JOHN REVERE, M.D., *Dean of the Faculty.*

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply

WILLIAM BROWN.

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lysep

33 Prince St. corner of Salem St. Boston.

SETH W. FOWLE,

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, OCTOBER 16, 1839.

No. 10.

OPERATIONS ON CLUB-FEET.

[WITH FOUR LITHOGRAPHIC PLATES.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send for insertion, in your useful periodical, a description of some of my operations on club-feet. I have not selected the most favorable cases for the purpose of display. They are taken according to date, as they occurred. The expense attending taking casts, and drawings of casts, and engravings from the drawings, has deterred me from doing it as often as I should otherwise have wished. The following may be considered as fair samples of the improvements which have resulted from all my operations upon club-feet. Where both feet have been deformed, I have usually taken casts of only one, and that the one which was the most distorted. Both feet are represented in the first case below.

The operation for improving club-feet and other deformities by dividing the tendons, I consider one of the greatest improvements in modern surgery. Still much caution is necessary, or much harm will be produced. I am convinced, from the experience I have had, that much improvement may be made in distorted limbs by well-adjusted mechanical apparatus. There is fear that the cutting of tendons may be carried to excess. All improvements in the healing art, if favorably brought before the profession, are adopted with enthusiasm. My own opinion is that much discretion is required in this operation, and that tendons ought not to be cut without due consideration. I should never cut a tendon, if by the scientific adjustment of apparatus the limb could be restored to its natural form and symmetry without giving too much pain. The operation of cutting tendons for the improvement of deformed limbs, particularly club-feet, is not of recent origin. It was done in Frankfort, Germany, as early as 1784, by Lorenz. The next operation of dividing the tendo-Achillis, for the improvement of club-feet, of which we have any record, was done in 1811 by Dr. Michaelis, of Morbourg. Sartorius published a case in 1812, where he divided the tendo-Achillis in 1806. This was a case of pes-equinus, not congenital, but acquired, produced by an abscess in the soft part of the leg. I have now an application to operate for a case precisely similar, produced also by a similar cause. This operation was revived in 1814 by Delpech, who was at that time owner of one of the greatest orthopedic establishments

in Europe. Delpech was the first operator who avoided dividing across the entire skin, as had been done by all his predecessors. He pointed out the importance of preserving the skin over the tendon.

Stromeyer's first operation of dividing the tendo-Achillis was performed in the year 1831. He was not very successful. His impression was that the two ends of the tendon, after being divided, ought to be kept in contact as near as possible, and he invented an apparatus for this purpose, which bears his name. The fact is, the operation was brought into disgrace by the mistaken notion that the two ends of the tendon, which had been divided, ought to be brought as near in contact as possible. The theory was, that a plastic matter was thrown out from each end (like the oozing of a young sapling which has been cut), which became inspissated, and that it was unsafe to separate the ends of the tendon until this intermediate substance had become sufficiently consistent to be stretched without losing its integrity to each end of the tendon, which had been divided.

M. Bauvier is entitled, I believe, to the credit of first bringing this operation into scientific notice. He found, after repeated experiments upon animals, that from the second to the third day after the section of the tendon, the cellular sheath which surrounded it had become thicker and more consistent than in the natural state—that it was open only on the side where the instrument had penetrated—that it embraced the two extremities of the divided tendon—that its internal surface was ecchymosed, tinged with a deep red in contact with itself and with the tendinous extremities, which had the same color at their surface—that in nine days the band which it formed was solid and adherent to the ends of the tendon which had been divided—that it was of a grayish color and offered no appearance of fibres—that the canal it formed was contracted, and presented no longer any opening—that its walls were in contact, and often empty, sometimes filled with blood partially coagulated—that it was towards the 12th or 13th day the canal began to disappear, and by the 18th it formed a resisting band of the same size as the tendon, and adhered at its extremities; the canal having almost entirely disappeared, the tissue being close, slightly infiltrated by a serous fluid, and beginning to offer a fibrous structure—that on the 24th day, the intermediate substance was like the fibrous tissues, slimmer than the tendon itself, had great force of resistance and adhered to it solidly—that it then offered no trace of the inflammation which had served to produce it—that on the 35th day the intermediate substance was perfectly continuous to the tendon, but could be distinguished from it—and that towards the 76th day, it presented the same appearance as upon another animal, but much more solid.

M. Jules Guérin, director of the orthopedic institution, Paris, coincides, I believe, with M. Bauvier in the above theory. I expect a communication from the former gentleman in a few days, accompanied by the works he has recently published—also drawings of new apparatus for correcting curvatures of the spine. This gentleman has lately performed some new operations on the back in cases of great distortions of the spine. These consist in dividing those tendons and muscles of the back

which are the principal agents in forming the curvature. I hope before long to be able to avail myself of his experience. No operation, however, of this kind will be performed unless by the united advice of the consulting surgeons of the Orthopedic Infirmary in Boston, and with the full consent and wish of the patient.

It may be considered somewhat incumbent on me to describe the manner in which I divide tendons for the cure of club-feet. I will therefore simply state, that when I have prepared my patient for the operation, I place him on his stomach upon a bed, with his legs extending over the sides from the knee. I then place myself in a chair between his legs, having one assistant to hold the lower limb firmly, and another to flex the foot. I then operate upon the inside of each foot, by making a puncture through the integuments, flatwise of the instrument, then turning it and dividing the tendon—taking care to withdraw the instrument in the same manner as introduced. After the operation is over, I place a compress on each side of the divided tendon, wet with cold water, and put a bandage round the ankle loosely, but in such a manner as to keep the compresses in place. I then apply my usual apparatus for bringing down the heel and flexing the foot. If this is done at first, it gives no pain, but if omitted for two or three days it gives great pain. The apparatus ought always to be applied at first. I ought to have premised that I usually put over the orifice a strip of adhesive or court plaster, to prevent any oozing of blood. There is, however, seldom much trouble on this account. I suppose, in nine times out of ten where I have operated, there has not been a drop of blood. This is accidental, however, and depends upon hitting some little cutaneous vein. The instrument I use is very small, more like a cataract needle than any other surgical instrument. It is what *Bauvier* calls a *tenotome*, or tendon cutter—derived, I suppose, from the Greek words *tenon* and *tomos*. Many use a very narrow, straight-edged bistoury for cutting tendons. I do not think this so good an instrument as the above, for several reasons. One is, it cannot be moved about with the same facility as the *tenotome*, without increasing the opening in the integuments; another is, it is not so safe an instrument; and a third is, that a concave-cutting surface does the work much more conveniently.

There are three general divisions of club-foot, made use of by classic authors; viz., *varus*, *valgus*, and *pes-equinus* or horse-foot. That termed *varus*, is where the foot is turned in, and the subject of it rests his weight upon the outer part of the foot and external ankle. That termed *valgus*, is where the part is turned outwards, and the subject of it rests his weight upon the inside of the foot. This kind of club-foot is not so common as that termed *varus*—is seldom congenital, and is usually acquired from accident, as is also *pes-equinus*. These general divisions of club-foot are sub-divided into degrees; viz., 1st, 2d and 3d, which indicate the extent of the deviation.

At some future period, with your permission, I shall make your *Journal* the medium of some further communications upon this subject.

Representation of Cases.

The following description of the case represented in *Plate No. 1 and 2*, is extracted from my note-book.

February 13, 1839.—Julia Ann Goward, of Milton, Mass., came under my care with two club-feet. She is $3\frac{1}{4}$ years old; never has walked. She has little or no use of the left arm. It hangs pendulous from the shoulder, in consequence of an imperfect articulation of that joint. The left arm and left leg are each precisely an inch shorter than the right. Her joints are loose and rickety, and her limbs feeble. Her bodily health appears to be good.

February 21st, at 3 o'clock, P. M., divided the tendo-Achillis in both feet. The ends separated about an inch. The feet came round very well; brought the heels immediately down, agreeably to M. Bauvier's direction. The child appeared to suffer little or nothing from the operation. There was not a drop of blood from the left foot, and only four or five from the right. Drs. J. M. Warren and J. W. Gorham were present; also Mr. J. W. Phelps, machinist. Saw her at 5 o'clock, two hours after the operation. She was sitting quietly upon the sofa, eating her bread and milk. Saw her again at 7 the same evening; she was in bed, asleep. Saw her again at 7 the next morning. She had not been at all uneasy or restless, but had slept quietly the whole night, without waking. No anodyne was given. It seems unnecessary to continue a detailed daily record of the treatment of this case, as it would take up too much room in your Journal, and would be, from its sameness, uninteresting. Suffice it to say, that this child has apparently suffered no inconvenience from the operation or treatment up to this date, March 21st. She stood erect upon the soles of her feet on the 18th, and began to walk on the 36th day after the operation. The drawing of the left foot does not represent the extent of the present state of its improvement. Two casts were taken for the purpose of giving an exact representation, but neither of them were successful. Her present situation may be known from the following letter recently received from her physician at Milton, Dr. Jonathan Ware.

DR. BROWN.—*Dear Sir*—You ask my opinion as to the result of the operation which you performed on Julia Ann Goward, for remedying club-feet. It has certainly exceeded my most sanguine expectations. The little girl, actually unable to stand or support the least weight of her body upon her feet (so great was the deformity), is now, a few months after the operation, able, with the slight assistance derived from a cane, to walk about the house. The operation and applications by which you have been successful in relieving her, I would most earnestly and confidently recommend to the attention of all persons having children similarly afflicted.

Respectfully yours,

Milton, Aug. 30, 1839.

JONA. WARE.

Plate 3d. The following description of this case is extracted from my note-book.

May 15th, 1839.—Miss Ellen Moreen, of Bath, Me., came under my care. The left foot, in her case, is very much deformed. It is of that

class termed varus, of the 3d degree. She was born so. She is now 29 years old. She walks upon the outer ankle and upper part of the foot, upon the os cuboides and the upper side of the metatarsal bones of the little toe, and the one next it; the little toe and the one next it, with their metatarsal bones, being turned under; the little toe and the great toe being in contact on what should be the base of the foot. Her walking in this very unnatural position of the foot is attended with great pain, as must naturally be expected. The places upon which she rests her weight when she walks, are indicated in the above drawing by a kind of artificial heels, formed by a thickening of the integuments upon the outer ankle and upper part of the foot, marked Nos. 1 and 2.

17th.—Divided the tendo-Achillis, or great heel cord—also the tendon of the tibialis anticus, and the tendon of the flexor longus digitorum pedis profundus perforans in the sole of the foot.

18th.—Has had no pain or spasms; slept all night. Gave no opiate.

19th.—Slept well; has had no pain.

23d.—Has gone on very well; has experienced no inconvenience from the operation. Examined the tendo-Achillis; found it had united, and the space between the two ends of the tendon, which had receded a full inch from each other, entirely filled up, so as to form a continuous cord.

June 8th.—Divided the tendon of the long flexor again, and also the aponeurosis plantaris in the sole of the foot.

15th.—Put on a high shoe with instep straps, and an upright steel splint on the inside, and an iron sole with a strap two yards long, so applied as to bring in the ankle, and confine the foot to the sole of the shoe (my usual apparatus being laid aside, as it produced pain). Directed walking daily.

Sept 8th.—It has been unfortunate for Miss M. that owing to the unusual sensitiveness of her foot, she has not been able to bear the apparatus best calculated to correct the deformity. Her improvement, as above described in the drawing, has been in a great measure owing to her resolution—being a young lady of firm mind and fixed determination, she has resolutely kept the foot upon the sole, and persevered in walking as I directed. I will venture to say that in the course of three years no one will readily discover that her foot was ever otherwise than natural.

Plate 4th. Extract from my note-book.

July 9th, 1839.—Miss Ann Frances Randall, daughter of James Randall, of Topsham, Me., came under my care with two club-feet. They are of that class termed varus, of the 3d degree. She is seven years old, and perfectly healthy. She was recommended to apply to me by a gentleman deservedly celebrated, Dr. John Stockbridge, of Bath, Me., who also put under my care Miss Moreen, the patient whose case is above recorded.

10th.—Divided the tendo-Achillis in both feet.

11th.—She has suffered no pain from the operation. The night was extremely hot, and she was rather restless. Gave sol. sulph. magnesias.

12th.—Slept better; has no pain in the feet. For reasons above specified, I shall not continue a detailed daily record of the treatment of this case.

17th.—The feet are doing well—very well; she has suffered no inconvenience from the operation. She has been a little impatient in bearing the application of the apparatus, and has not kept it on so steadily as I could have wished, which has retarded her improvement.

August 7th.—She began to walk this day, without aid or taking hold of anything, which is four weeks from the time of the operation. In five weeks she walked up and down stairs, and in six weeks she walked freely and with ease anywhere. There was then, and still is, Sept. 10, some awkwardness in her gait. The muscles of the leg are brought into new action, and they have not as yet become accustomed to it; but she is daily and rapidly improving, and her feet will soon cease to be a deformity.

My respected friend, John Randall, M.D., of this city, saw the above case previous to its being operated upon, was present at the operation, and has witnessed the progress of improvement. His opinion of the success of the operation, the manner of doing it, and the mode of treatment, is expressed in the following letter which he has had the kindness to send me.

MY DEAR DOCTOR,—Having lately seen the little girl, for whom you operated in the early part of July, I desire to address you a few lines on the subject of her case, and to thank you for the opportunity afforded me of witnessing the operation. You will probably remember, that a female child, seven or eight years old, was sent you from Topsham, Me., for your examination and advice, and that you were kind enough to invite me to see her with you. She had club-feet of that species denominated *varus*, and was unable to do better with them, than to hobble a little about the house. Your opinion was in favor of a division of the tendo-Achillis on each side, and the application of certain apparatus. You proceeded to the operation, which was speedily performed, and which appeared to give but little pain to the patient. Not more than three or four drops of blood were lost at the time, and no unpleasant symptoms followed the operation. The little girl appeared cheerful and happy. The apparatus was applied without any inconvenience to the child, and varied from time to time, as circumstances required. I saw her occasionally during her treatment, and witnessed her gradual improvement. Your success has been complete. She now treads naturally upon her feet, turns them out like other children, and walks so well, that I should not know, from common inspection, that she had ever had an infirmity of these members; except from a little clumsiness in the use of muscles, which have long been in a state of disuse, and which she will probably acquire the natural use of by a little practice.

I cannot but think this operation for club-feet a great improvement in modern surgery, and have to thank you for leading the way in this place for its successful cultivation. Having witnessed your success in the above case, I shall not now despair of your ability to overcome greater difficulties and deformities.

I am, dear Sir, very faithfully your friend and humble servant,

Boston, Oct. 1, 1839.

J. RANDALL.

DR. BROWN.—*Dear Sir,*—In compliance with your request, I can state that I have seen a number of cases of club-foot operated on by you, which appeared to be much improved and in a fair way to be cured.
Boston, Oct. 10, 1839. Your obedient servant,

J. C. WARREN.

I have now under treatment a young man, a shoe-maker by trade, 24 years old, with double varus of the third degree. Also a gentleman 30 years of age, a student of divinity at the Theological Institution in Cambridge, with double varus of the third degree. The improvement in the above two cases is not rapid, but gradual and sure. There can be no question but they will have good feet.

Boston, Oct., 1839.

JOHN B. BROWN, M.D.

SEVERE INJURY TO THE NOSE.

BY ISAAC G. BRAMAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case presents some points which may not be uninteresting to many readers of the Journal.

On the 25th of December last, Major J. Nelson, of Georgetown, while driving a spirited horse, was thrown upon some sharp, jagged rocks in the highway. Owing to his position, which was erect, and the rapid rate at which the animal was proceeding, he was unable to make any effective effort to save himself, but received the whole force of the blow upon the face and nose, the latter of which was demolished by one continuous, lacerated wound, extending from under the right eye (a little more than midway between that and the septum nasi) to, and across the root of the nose; from thence downwards, in a somewhat zigzag direction, crushing the bones in its course, to the left angle of the mouth, thus tearing off the nose, so that it hung suspended by the septum and ala nasi over the upper lip. There were also other cuts on and about the face. He was taken up in an insensible state, and conveyed a short distance to his house, and a messenger despatched for me. I arrived about twenty minutes after the accident. The patient made a shocking appearance, the parts being much swollen, contused, and torn in various directions, seeming at first view to render it almost impossible to restore them to their primitive situation—but a short reflection declared the propriety of the attempt, and with the assistance of my friend, Dr. Moody, who was present, I proceeded accordingly.

The wounds were well cleansed with a sponge; the bony fragments removed, and the parts brought closely together and held *in situ* by 30 stitches taken with an extremely small, triangular-pointed needle, armed with fine silk, and the nostrils plugged with dossils of lint. Finally, to make all secure, several small strips of adhesive plaster were placed in convenient positions so as to give support. The patient was bled, and directed for the first few days to confine himself to lemonade and water.

On the 5th day union by the first intention was found generally to

have taken place. From that time no untoward circumstance occurred; there was a gradual but sensible amendment; the patient was in two months permitted to walk out of his room, and in four months from the date of the accident he was so far recovered as to be able to attend to his ordinary avocations, which were, however, confined to the superintendence of a manufactory. The improvement in the appearance of his nose has kept pace with his health. A small opening under the left eye, communicating with the nostril, and which was occasioned by the loss of integument, remained for a while, but eventually filled by granulation.

Within a few days I have examined him, and am highly gratified with the result. Although the nose necessarily has somewhat a different view from that which it had formerly, still it is by no means a deformity. A person standing upon his right side would not suspect there had ever been an injury. On the other side, of course, it is rather more apparent, owing to a depression occasioned by the loss of bone; but this is not *now* decidedly bad, and is constantly improving by the intervention of a substance, probably of a cartilaginous nature.

Remarks.—This case is one of interest, as showing the wonderful restorative powers of nature when aided by a *good constitution* and habits of *strict temperance* on the part of the individual. The gentleman in question was a fair illustration of these points. He had, previous to the receipt of the injury, enjoyed firm health, and was thoroughly temperate, not merely in the matter of drinking, but in the utmost signification of the term. For this he has been amply repaid, as we have seen; had it been otherwise with him, the case might have resulted far different.

Georgetown, Mass., Oct. 8, 1839.

NEW APPLICATION OF BELLADONNA.

BY C. S. MAGOUN, M.D., OF MISSISSIPPI.

[Communicated for the Boston Medical and Surgical Journal.]

DURING the last two or three years quite a number of severe and obstinate cases of difficult or suppressed menstruation have come under medical treatment—cases of long standing, and accompanied by every complication of symptoms that a disturbance of the uterine functions could develop, modified by different temperaments, habits and constitutions. Some of these cases have been permanently relieved by the application of ext. belladonna to the os uteri, in conjunction with other remedies, but where they alone had failed of accomplishing a permanent cure.

This use of belladonna was suggested, by knowing its utility in dilating the os uteri during labor, as recommended by Drs. Chausier, Henne, Conquest, and others; and reflecting on the practice of Mackintosh in dilating the os uteri by means of bougies in suppressed menstruation; and supposing this condition might arise from an undue contraction, or peculiar nervous action in the organ at the time of menstruation, over which this potent article might have some effect. How much, or what,

influence it has exerted in those cases where it has been successfully tried, I am not prepared to say, but will leave that to be determined by others, should they feel disposed to give it a trial in similar cases.

I shall mention but one case at this time, the subject of which was thirty years of age; constitution not good; spare habit of body; much disposed to hysterical symptoms, and of a nervous temperament. Has not enjoyed good health since the age of puberty. Uterine functions have been always imperfectly and irregularly performed, causing much pain and suffering. Complaining of much pain and giddiness in the head, weakness and pain in the hips and loins, at times tumefaction and swelling in the hypogastric region. Has menstruated sometimes for two or three days, the secretion being scanty, and sometimes stopping suddenly; in fact, at no time has there been any regularity in the performance of this function. Paroxysms of severe suffering, together with an evident attempt at menstruation, would sometimes occur pretty regularly, varying from three to six weeks, and sometimes being absent for six or eight months without producing any inconvenience.

She was treated with cupping, small abstractions of blood by venesection, emmenagogues, medicated hip bath, &c., for two months, without accomplishing any material or favorable change in her situation. The treatment, such as is mostly recommended by Drs. Eberle and Mackintosh in such cases, was still continued, and the ext. belladonna resorted to twice a week, by being applied to the os uteri in the following manner. Take a female syringe, cut a hole in the rounded end two thirds of its diameter; place in the syringe some softened ext., and when properly adjusted to the part, force out the ext. by forcing down the piston. It was allowed to remain from one to two hours, or till some constitutional symptoms presented themselves, requiring its removal, when injections of warm water, milk and water, or a weak solution of aqua ammon. was used till it was all removed. This course was pursued for about five weeks, when the catamenial discharge occurred, natural in its appearance, and mostly free from all unpleasant symptoms. This course was pursued for two or three months, but gradually omitted as convalescence took place. Since that time, now two years, she has enjoyed good health, and been able to attend to her accustomed avocations.

I ought to remark that the patient had been several times under the treatment of physicians, that the *Thomson* or *steam system* had been perseveringly resorted to, and that all the quack medicines and nostrums recommended, accomplished no favorable change.

Other cases of a similar character have been successfully treated in the same manner, and in one case, of several years' standing, pregnancy has occurred since recovery. I hope, Mr. Editor, through the columns of your periodical, to hear of the successful application of this agent to the cure of the diseases mentioned above, in the hands of the medical profession generally.

Woodville, Mi., Sept. 14, 1839.

STRICTURE OF THE ŒSOPHAGUS.

DR. GREEN read, at a late meeting of the New York Medical and Surgical Society, the history of the following case. On the 18th of March last, I was called to see Mrs. A., a lady of this city, aged 62, who had been for many months laboring under a stricture of the œsophagus. She had been, for some time previous, under the care of my friend, Dr. Archelaus G. Smith. The disease had existed nearly two years. At first she complained of a "burning sensation" in the throat, accompanied, at times, with some difficulty in swallowing. For a long time, however, this difficulty was slight; but for two or three months antecedent to the period of my first visit, the patient had only been able to swallow liquids, and those even in the smallest quantities. There was also existing, at this time, a small tumor, situated below the cornu of the os hyoides, on the left side, occupying the space between this bone and the thyroid cartilage. This tumor had existed for many weeks, but of late had been observed by the patient to have increased in size, and along with this enlargement there had been a corresponding increase in the difficulty of swallowing. At times, whole days would pass without the patient being able to swallow a particle of food, either in a solid or liquid state. The consequence was considerable emaciation of the body, but, with the exception of great debility, the general health did not appear to be much impaired.

This was her condition at the time I first saw her. Dr. Smith had succeeded, on several occasions, in passing a small bougie down the œsophagus, and in each instance this operation was followed with an ability to swallow a small amount of liquid food. At this time I passed, with some difficulty, a bougie, about four lines in diameter, and immediately followed it with one two sizes larger. The patient, who had been unable to swallow for nearly twenty-four hours previous, soon after this swallowed some food, and was able to take nourishment, in small quantities, for the two succeeding days. At the end of this period, the largest bougie was again introduced, and this operation was repeated every second or third day during the two following weeks. By this time, not only had the inability to swallow increased, but it became exceedingly difficult to introduce the smallest of the bougies. The tumor which had been observed on the side of the œsophagus had, during this period, considerably enlarged, and had extended down to the cricoid cartilage. Suspecting that the pressure of this tumor upon the top of the œsophagus was operating as an additional hindrance to the passage of food and the bougie, I made an effort to raise it from its bed, by inserting my fingers under its base, and drawing it upwards and backwards towards the mastoid process. I succeeded, and whilst it was held in this position, the patient could swallow better than she had been able to do for several preceding days. Under these circumstances, I proposed to Dr. Smith that we should remove the tumor. He acceded, and the patient herself desiring the operation, the tumor was carefully dissected out on the 22d of April. It appeared to be what we had anticipated, a scirrhus enlargement of one of the lymphatics. A

reunion by the first intention followed this operation, and the patient was again able to take nourishment in small quantities. A short time after this operation, another tumor made its appearance on the side of the *œsophagus* and trachea, about two inches below the cricoid cartilage. This tumor increased in size more rapidly than the first, and it was soon followed by an enlargement of several other of the lymphatics along the side of the neck. About this period the patient lost all power of swallowing, and was in danger of dying from actual starvation.

On the 4th of June, we succeeded in passing through the stricture the smallest tube of Hutchinson's stomach pump, and immediately pumped into the stomach some liquid nourishment. From this time, until her death, we had no difficulty in administering, in a liquid form, by means of this invaluable instrument, all the nourishment that this suffering lady required. But, notwithstanding this, she gradually sunk under the influence of the disease. On the 7th of June she was attacked with severe rigors, which were repeated on the 8th and 9th, and were attended with a diarrhœa, under which she sunk rapidly, and died on the 11th of the present month. A day or two previous to her death, the large tumor had considerably diminished in size, and she was able to swallow, with little difficulty, as long as she lived.

Autopsy.—Assisted by Drs. Smith and Cadwell, I examined the body fourteen hours after death. On making an incision along the side of the larynx and trachea, we found that the parts which had surrounded the removed gland had healed kindly, and were in a healthy condition. The whole chain of glands along the side of the neck were enlarged, and in a scirrhus condition. On cutting into the large tumor, situated over the union of the clavicle and sternum, it was found to be in an ulcerated condition, containing a quantity of bloody serum. A part of its contents had evidently escaped into the surrounding parts, which had caused the decrease in the tumor's size. Its walls were bounded on one side by the trachea and *œsophagus*. The muscular coat of the latter, and also that of the jugular vein, were already destroyed by the ulcer. Had the patient lived, it must have made its way into the *œsophagus* in a very short time. A stricture, half an inch in length, was found in the upper part of the *œsophagus*, and on laying open this tube, its inner or mucous coat was much thickened, for several inches, below the orifice. The stricture itself was found to have arisen from a diseased state of the *muciperous glands*, situated at the upper part of the *œsophageal* tube. These glands were in a scirrhus condition, and had so much enlarged as nearly to obliterate the passage. The disease had, undoubtedly, originated in these glands; whilst the lymphatics, external to these, had become secondarily affected. Both orifices of the stomach, and the stomach itself, were in a healthy condition. The intestines were examined. In some portions of the smaller intestines, their coats were found to be preternaturally thin, and here and there, patches of inflammation of their mucous coats were found. The liver, the mesenteric glands, the uterus, and its appendages, were all in a healthy condition.—*New York Journal of Medicine and Surgery*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 16, 1839.

**REMOVAL OF THE UPPER-JAW, WITH A LARGE PORTION OF
THE MALAR BONE.**

THIS very formidable operation was lately performed by Dr. Warren, of this city, for the first time in the United States. The unfortunate patient was a gentleman belonging to Newburyport, about 60 years of age, who for some time had been affected with a fungoid disease in the antrum, of a dreadfully painful kind, which must soon have proved fatal. The tumor was of a sugar-loaf form, occupying the right side of the face, and had forced its way through the cavities pertaining to the maxillary bone. The right eye was compressed and inflamed, and the cavities of the nostril partly filled by the tumor. Of course, the support of the right eye and the right side of the right nostril and palate bones was removed—thus opening the nostril, mouth and orbit into one common cavity. The patient supported this trying operation without a groan, and at its termination said that he would willingly submit again, were it merely to get relief from the intolerable sufferings which he had experienced from the presence of the tumor. He rose from the chair, at the conclusion, and undressed himself before retiring to bed. The wound was closed by the twisted suture, and united by the first intention. In a fortnight he was well enough to leave the chamber and amuse himself with a spy-glass—using the organ which had been partly dissected from its socket in the operation he so lately passed through. The operation took place on the 17th of September, and on the 9th of October the delighted patient, thus almost miraculously saved from a horrible death, was able to leave the house.

Amputation of the Leg.—It is not because this is an operation of rare occurrence that we are induced to give the following case a prominent notice, but simply to show that a race of young surgeons are growing up amongst us, who are deserving of the confidence of the public.

Nine years ago, a young man, residing at South Boston, received an accidental wound from a knife, which penetrated the right femoral artery, from the outside of the thigh. Six weeks after the injury, Dr. Ingalls, senior, tied it. On the healing of the incision, ulcers of a painful character appeared upon the knee. These, after a time, gave way to persevering treatment; but this was no sooner accomplished than the toes and extremity of the foot sphacelated, and the disease crept upward till it reached the os calcis. At the expiration of six months from the first operation on the artery, the foot was necessarily amputated. As far as the stump was concerned, this, too, was successful. Shortly after, phagedenic ulcers broke out on the ankle, which were never entirely healed. These were supposed to have been in consequence of a blow from a ball on the end of the limb while at play. Intense pain supervened—inflammation, and subsequently ulceration. Before this last accident, the patient hobbled about by supporting the knee in a crutch. Soon after the first surgical aid, the superficial veins of the whole limb gradually enlarged, and

eventually became enormously distended—the varicose enlargement extending from the groin quite to the foot, their tortuous course being strongly marked. When gently pressed, a thrill or purring was distinctly felt; and by applying the ear, a most vivid bellows sound was recognized. Constitutional disturbance obliged him to discontinue labor, and if possible obtain speedy relief. Amputation was the only alternative, and all who were consulted were decidedly in favor of taking the leg off above the knee, which the patient objected to so firmly, being willing to hazard a second amputation if circumstances required it, that his desire was complied with. At the moment of the incision, which was circular, the quantity of blood that gushed out was immense. There was nothing particularly striking in the process of amputation, though we are bound to say that it was done with adroitness and success. Eight ligatures were required. Thirty-six hours after, the patient was doing well. As the cast-off part is to be injected, we shall know more of the nature of the disease hereafter.

The operator was Dr. William Ingalls, Jr.—the son of a gentleman well known to the profession for his high professional attainments and former devotion to operative surgery. On this occasion it must have been gratifying to the father to witness this beginning of one on whom his mantle is designed to fall; but his satisfaction could not otherwise than have been heightened in seeing the first surgeon in this country, Dr. John C. Warren, present in the capacity of a willing assistant. The manifestation of a disposition in those of the highest professional rank to counsel and assist those who will at some future period be left in possession of the field, is calculated to encourage them, while it elevates the profession in the estimation of the community. In a word, unwavering kindness and courtesy is the true foundation of that harmony which characterizes the medical corps of this metropolis.

Louis on the Yellow Fever.—In the paragraphic notice given two weeks since of the translation made by Dr. Shattuck, Jr., of Boston, of a volume by M. Louis, we accidentally omitted to state that the translation is made directly from the author's manuscript, and not from a French publication. The book will make its first appearance, in the English language, in Boston, although written at Paris. From all we can gather, it will be considered a standard work on yellow fever. If the faculty ever needed a guide in the management of an epidemic of such a formidable character as the yellow fever of the South has manifested itself to possess the present year, it is at this time.

Dr. Fletcher's Truss.—It is extremely gratifying to learn that the invention of Dr. Fletcher is appreciated by surgeons of eminence. The sums paid by those who have purchased the exclusive right to supply this truss in particular districts, is conclusive evidence of the value of the instrument, notwithstanding the multiplicity of trusses on sale throughout the country. It is enough to distract one to decide which is best, out of the hundreds recommended by a host of celebrated names. To come in last, with nothing but the truss itself, unprotected by friends, when Dr. Chase had apparently laid the whole land under contribution—is no small affair; and it shows, too, beyond a question, that merit sometimes has its reward.

Dr. Stith's Address.—When the transactions of the Medical Society of Tennessee were published, the last spring, in which was included the address of F. Stith, M.D., of Franklin, in that State, the author was absent, and had no opportunity, therefore, of superintending the press—the consequence was, a large number of vexatious typographical errors were unfortunately permitted by the proof-reader to get the go-by. It is one of the misfortunes of a writer, that he is sometimes made to think and to say things which actually border upon the ridiculous, perhaps, when he was, in point of fact, in the very midst of an argument that would have elicited the highest commendation, had the expressions appeared as they were intended to stand. Justice requires this apology to be publicly made for Dr. Stith.

Boston Dispensary.—An annual report of the physicians has been made, by which it is ascertained that the whole number of patients who have been under medical treatment, the past year, ending Oct. 1, was 2665. Of that number 315 were born in Boston; 619 in other parts of America; 1590 were Irish, or of Irish parentage, and 141 were of other nations. Two thirds of the patients receiving the benefit of this excellent charity, are foreign paupers.

Surgical Instruments.—Such is the success of Mr. Phelps, of Court street, in the manufacture of surgical instruments and apparatus, that we are gratified to make him known to the profession of New England. He makes, mends or improves, according to order, and at a reasonable rate. His cutting edges cannot be excelled by any foreign instrument-maker.

Medical Miscellany.—Dr. Angel, of Lafayette, La., has been committed for trial, charged with the murder of a slave.—From Sept. 1st to Sept. 24th, the deaths at Mobile by yellow fever were 329, in a population of only 2500.—A man is said to be residing in Indiana, who is 120 years old, in fine health.—Three children were bitten by the same snake, a copperhead, in Gibson county, Indiana, lately, and in two hours after, all three were dead.—An attempt was made to assassinate Dr. R. C. Hall, at Rushville, Schuyler Co., Illinois, a few weeks ago: he was shot at with a ball. A reward of \$4000 is offered for the detection of the assassin.—The smallpox has been completely circumscribed, and is now under the control of the physicians, in Maine, by an active vaccination.—The latest advices from Bombay state that the cholera is making dreadful ravages in that quarter. Death often supervenes in one hour after the attack; and to crown the distress, the inhabitants are suffering under a great scarcity of water, most of the wells being dry.—The matter which Dr. Woodward, of Quincy, Mass., sent to us some months ago, taken from a cow, did not succeed in our hands. It is possible that it had been too long exposed to the air before we had an opportunity of inserting it.—The Common Council of Boston have appropriated \$10,000 to defray the expenses of the Lunatic Asylum, at South Boston, the ensuing year.—At Peoria, Ill., the sickness is alarming.—Dr. Eberle's truss, of which proper notice will be taken at a more convenient time, is calculated to find friends among the unfortunate.—Dr. H. Frost, of Westmoreland, Virginia, has devised an instrument for determining the course of the wind, which he calls an

anemoscope.—A new medical school will go into operation at Philadelphia, on Monday, Nov. 4th. More of this hereafter.—Seventy students have already been matriculated at the Albany Medical College.—The health of New Orleans was improving at the last dates.—Dr. Walker has lately performed a remarkable surgical operation at Medford, Mass., the particulars of which we hope to obtain.—Dr. Geo. H. Gay, of Boston, who has been uncommonly successful in constructing metallic palates for the restoration of the voice, has just completed a splendid piece of mechanism for a man who had a cleft in the roof of the mouth. Dr. Harwood has displayed the highest degree of ingenuity and science in the same way, by enabling those to articulate distinctly, who could scarcely be understood before.—Dr. Haynes's supporter, heretofore referred to, is gaining in public estimation exceedingly fast—all the hospitals should be amply supplied.—At Springfield, Vt., an epidemic, the name of which is not given, in the course of a few weeks has carried off between 30 and 40 persons out of a population of 3000.—A destructive fever is prevailing to an alarming extent at Fort Gibson and Towson.—The City Council of Savannah have appropriated \$1000 to be distributed amongst the poor and afflicted persons of Augusta, who have survived the yellow fever.—A physician of Massachusetts, whose name is withheld from the public, says report, is writing a work on the diseases of each town in the Commonwealth.—A favorable notice is taken, of Dr. Hale's observations on the Typhoid Fever of New England, in the last number of the North American Review.—In several places at the South, where the yellow fever has been alarming, it is now becoming safe for strangers.—The whole number of deaths at Charleston, S. C., the week ending Sept. 29th, by yellow fever, was only four. The whole number of deaths up to that period, by yellow fever, the present season, 125.

Whole number of deaths in Boston for the week ending Oct. 12, 49. Males, 22—females, 27.

Of consumption, 5—scarlet fever, 4—infantile, 2—dropsy on the brain, 4—decline, 1—old age, 3—dropsy on the chest, 1—typhous fever, 5—bowel complaint, 1—hooping cough, 3—disease of the heart, 1—marasmus, 1—inflammation of the bowels, 3—paralysis, 1—teething, 1—suicide, 1—drowned, 1—cholera infantum, 1—throat distemper, 1—lung fever, 2—erysipelas, 1—pleurisy fever, 1—casualty, 1—diarrhea, 1—delirium tremens, 1—stillborn, 8.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood. JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. B. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

tf.

TO PHYSICIANS.

A PHYSICIAN who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid. \$ 18—tf

SITUATION WANTED.

A PHYSICIAN of experience would like to hear of some location favorable for the practice of his profession. Partnership with some individual who wishes to retire in part from the duties of his profession, would be preferred. Satisfactory reference as to character, professional and moral, will be given. Inquire of the editor; if by mail, post-paid.

Oct. 16—3t

FOR SALE, at this office, the only complete set of the Boston Medical and Surgical Journal which can now be furnished. It may be had either to the end of the 16th Vol., or up to the present time.

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Resolved, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

Boston, July 10, 1839.

WALTER CHANNING, Dean of the Faculty of Medicine.

Jy 17—tN

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

WASHINGTON UNIVERSITY OF BALTIMORE.

Medical Department.—Session, 1839—1840.

THE regular Lectures in this institution will commence on the last Monday of October, and continue to the 1st of March. The Faculty consists of the following professors, in the order of their appointment.

J. H. MILLER, M.D., Professor of Anatomy and Physiology.

SAM'L K. JENNINGS, M.D., Professor of Materia Medica, Therapeutics, and Legal Medicine.

WM. W. HANDY, M.D., Professor of Obstetrics, and Diseases of Women and Children.

JOHN C. S. MONKUR, M.D., Professor of Institutes and Practice of Medicine.

EDWARD FOREMAN, M.D., Professor of Chemistry.

JOHN R. W. DUNBAR, M.D., Professor of Surgery and Surgical Anatomy.

W. R. HANDY, Demonstrator of Anatomy.

The plan of this institution is a new one in this country. The college buildings are so constructed, as to present peculiar advantages to the student, which every intelligent medical man will at once perceive, as this plan unites a Medical College, Marine and City Hospital, Rooms and excellent Board for a large number of resident students, who have the charge of the patients under the direction of the professors. Clinical lectures are delivered during the session, on Medicine and Surgery, by the professors of the respective chairs. Northern students who contemplate emigrating to the middle and southern States, are invited to examine the plan and location of this institution.

Additional information in reference to the plan, terms, &c., and a circular, may be obtained by a letter addressed to

JOHN R. W. DUNBAR,

Dean of Medical Faculty.

S 18—tN

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery and on diseases of the eyes, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOREY,
OLIVER W. HOLMES.

Boston, May 15, 1839.

2am6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, OCTOBER 23, 1839.

No. 11.

REMARKS ON SOME OF THE MEDICINAL SPRINGS OF VIRGINIA.

BY GEORGE HAYWARD, M.D.

[Read before the Boston Society for Medical Improvement, Sept. 23d, 1839, and communicated for the Boston Medical and Surgical Journal.]

THE medicinal springs of Virginia are daily attracting more attention from invalids in all parts of our country. The number that resorts to them is annually increasing, and while many reap advantage from the use of the waters, a few, from an ignorance, perhaps, of their powers, return disappointed and without relief.

It is important that there should be correct information on this subject; that those only should undertake the journey who have a reasonable prospect of benefit; for it cannot be denied that at present it is attended with expense, fatigue, and inconveniences of various kinds, that are very annoying to feeble and infirm persons.

With a view of contributing my mite to this desirable object, I have thrown together, though in some haste, the following remarks. They are the result, in part, of personal observation, made in a recent visit to the springs; but more of inquiry of those whom I met there. They may not be perfectly accurate in all respects, but I believe that they are essentially so, at least in all important particulars.

There are eight principal springs, and I propose to speak of four, which are among the most celebrated of the number, in the order in which I visited them.

Before doing this, it may perhaps be well to say something of the routes which lead to them. There are three principal ones from Baltimore; one by the way of Winchester, another by Washington, and a third by Richmond.

If you take the first, you are conveyed to Winchester, a distance of 110 miles, by railway, passing through Frederick in Maryland, and Harper's Ferry in Virginia; the road, in its whole extent, being through a fertile and interesting country. From Winchester you are conveyed in coaches, and the mail will carry you in two days to the Warm Springs; but if you prefer to take an extra carriage, you will not arrive there so soon by half a day at least. From Winchester to Harrisonburg, 70 miles, the road, through the rich valley of the Shenandoah, is very rough; when that is completed, which is now constructing, and this will no doubt be before the close of another year, a more delightful route

can hardly be imagined. The road from Harrisonburg to the springs is very good.

In going by the second route, you are carried to Washington by the railway, thence down the Potomac 60 miles to Potomac Creek, thence nine miles by coach to Fredericksburgh, and thence to Louisa Court House by railway, between 80 and 90 miles. Here you take the stage to Charlottesville, 32 miles, and thence to the Warm Springs, which may be reached in a day from Charlottesville. The travelling on this route is good, excepting the road between Louisa Court House and Charlottesville, which is bad in wet weather, but very tolerable at other times.

The way by Richmond is, perhaps, at present the least fatiguing of any. A steamboat conveys you to that city from Baltimore, and you are carried on a railway to Louisa Court House, thence you pursue the same course as by the Fredericksburgh road.

Going by either of these routes, the Warm Springs are the first that are reached. They are situated on the western side of a mountain of great height, called the Warm Spring Mountain, which is crossed by a road constructed with such skill, that it is passed without fatigue or danger, though it winds along the edge of precipices of fearful height. The temperature of the water, at the Warm Springs, is 96 degrees at all seasons of the year. It is so perfectly pellucid, that it is difficult to realize, when you first look into the spring, that there is any water there, the objects at the bottom are seen with so much distinctness. Bubbles of air are constantly rising to the surface, and these have been ascertained to be principally nitrogen, which, I believe, is by no means uncommon in sulphureous thermal springs. The water is not disagreeable to the taste, or, at least, it was not so to me, except from its temperature. It contains sulphur, magnesia, lime, and various other substances in minute proportions; but its virtues, I am inclined to think, are owing to its temperature rather than to any medicinal agents combined with it. The sulphur may in some cases have a good effect, for the water is so much impregnated with it as to partake strongly of its odor. The supply of water is very copious. It is received into a room 38 feet in diameter, and is allowed to rise to a depth of five feet when it is intended for the gentlemen to bathe, and four feet for the ladies. After it has been used, the water is drawn off, and the bath filled again in a quarter of an hour. The usual practice at the springs is to bathe twice, or even three times a day, and remain in the water about fifteen minutes each time. It is advised to avoid active exercise while in the bath, and to be rubbed with a coarse cloth immediately on coming out, which office I can say, from experience, is faithfully performed by a black attendant.

It is difficult to conceive of a more delightful bath; it is almost worth a journey to Virginia to enjoy it. It is not only agreeable at the time, but its effects are in a high degree pleasant, producing no lassitude, but rather imparting vigor to the system. It is usual to take the first bath at 5 o'clock in the morning, and it is then particularly grateful, for the temperature of the air at that hour, even in summer, is not much above 50 degrees.

These springs are principally resorted to by patients afflicted with rheumatism, gout, and paralytic affections, though all classes of invalids who go to the Virginia watering places usually pass a few days at the Warm Springs, if it be only to enjoy the delicious bathing. One patient, a highly cultivated and intelligent man, derived great benefit while I was there, from these baths. He was afflicted with the gout to a distressing degree, which was complicated, also, with an affection of the spine, producing a partial paralysis of the right hand. The effects at the time were perfectly wonderful, but whether they were permanent or not, I am unable to say. He was relieved to a very considerable extent, not only of his lameness, but also of his pain, which at times had been very acute. He bathed constantly twice or three times a day, and remained in the water half an hour each time. He frequently assured me, after bathing, that instead of having any feeling of languor or debility, he was refreshed and invigorated by it.

The Warm Springs will, I doubt not, be found beneficial in most cases of debility in which there is no organic disease, though it is probable that much of the benefit which such patients derive from a visit to them, should be set down to the pure mountain air which they enjoy, their entire change of diet, and total abstinence from stimulating liquors, for none of these are drank at the public tables at the watering places in Virginia.

Five miles beyond the Warm Springs are situated the Hot Springs. They are six in number, varying from 98 to 106 degrees in temperature, which, like that of the Warm Springs, remains the same throughout the year. The water of the Hot Springs contains various substances, as iron, magnesia, soda and lime, carbonic acid gas, nitrogen, which is constantly escaping from it in bubbles, and a minute portion of sulphuretted hydrogen. When taken internally, it is said to act as a diuretic, diaphoretic, and a mild aperient. Whatever difference of opinion there may be as to the power which it is able to exert on the system when taken into the stomach, there can be no doubt of its salutary influence when judiciously used as an external remedy.

The mere fact that the articles which this water contains are not separately of a very powerful kind, is no proof that they may not be capable of acting with great energy on the system, when combined in the laboratory of nature. It is well known to every one at all acquainted with chemical science, that compounds of a very dissimilar character are produced by the combination of the same elements in different proportions, producing substances, in some instances, of far greater activity than either of the articles of which they are composed; and there is, perhaps, no better illustration of this than that offered by the union of oxygen and nitrogen, producing, when combined in one proportion, atmospheric air, nitrous oxyd in another, and nitric acid in a third. Nor are we sure that we are able to detect all the ingredients which these waters contain. The very tests which reveal some of them to us, may have the power of destroying others, and these, too, may be those in which the medicinal properties reside. The remediate properties, then, of mineral waters cannot be determined with any certainty by an analysis, however nicely

conducted, but must be ascertained by experience, and this speaks well for those of the waters of the Hot Springs.

They have been found, when taken in combination with the bath, of great use in gout, rheumatism, neuralgic affections, functional diseases of the liver, debility of various kinds, especially that connected with, and consequent on, a derangement of the digestive organs. These springs are owned by Dr. Goode, a very intelligent physician, under whose direction the baths are conducted. By this means, the sweating bath, a remedy of great power, is administered in many instances with the happiest effects, and in all with perfect safety.

The temperature both of the Warm and the Hot Springs, as I have already observed, is uniform at all seasons; and in relation to this point, when speaking of some of the thermal waters of Europe, Professor Daubeny remarks, that "we may be authorized on general grounds to presume, that the temperature of thermal springs, in countries not exposed to present volcanic operations, undergoes no sensible change during a long period of time." It is well known that an earthquake or an eruption of a volcano has often produced a change in the temperature of thermal springs that were even at some distance from the place where these phenomena occurred.

It is, perhaps, not easy to account for the high temperature of the water of thermal springs. By some it has been attributed to the agency of electricity. But this is rather a wild conjecture, than the result of any facts or observations. Various phenomena are regarded on very slight grounds as electrical, partly because we are unable to explain them, and partly because we do not know all the laws of electricity, while at the same time we have ample evidence that it is an agent of tremendous power. Whatever the fact may be, it is certain that there is no proof that it is in any way concerned in the production of the high temperature of thermal waters.

Another theory supposes that the heat of these springs is produced by certain chemical processes going on in the interior of the earth, and that these processes are attended with an absorption of oxygen and a consequent extrication of caloric. While another opinion maintains that the temperature of thermal springs is owing to the central heat of the globe, and that it increases in proportion to the depth from which they proceed. This opinion was supported by Laplace, and is, perhaps, more generally adopted at the present day by scientific men than any other. It is well known* that the temperature of the earth increases as we descend into it about one degree for every hundred feet; and if the increase continues in this proportion, we should arrive at boiling water at a depth of less than three miles.

I am not, however, conversant enough with this subject to offer an opinion on the comparative merits of these theories. It is a point which falls within the province of geology, and the zeal and success with which that science is now pursued may lead us to expect some elucidation of this intricate topic.

* See a paper by Professor Daubeny in the Sixth Report of the British Association for the Advancement of Science.

The most celebrated of all the Virginia springs, and probably the most powerful, is the White Sulphur, which is 35 miles beyond the Hot Springs, and 6 miles west of the Alleghany Mountains. Though situated in a valley, it is, like all the springs in that neighborhood, in an elevated position, with a delightful climate in summer, and surrounded with mountainous scenery of great beauty. Independently of the benefit that may be derived from the medicinal waters, a better situation for an invalid during the hot season can hardly be imagined. It has the advantage of a salubrious and invigorating air, an agreeable temperature, cool at morning and evening, the thermometer ranging at those periods during the summer, between 50 and 60 degrees, and rarely attaining a greater height than 80 degrees at any part of the day, and an elasticity in the atmosphere that prevents the heat from being at any time oppressive, and enables the invalid to take active exercise in the open air during the day without fatigue.

This spring was known soon after the settlement of that part of the country, which took place about 70 years since. It is said to have been a favorite Moose Lick, and that hunters resorted to it in pursuit of this animal. In this way its medicinal properties first became known; but in consequence of the thinness of the population and the badness of the roads, it has not, till within a few years, been much frequented.

Though the odor and taste of the water, from its being strongly impregnated with sulphur, are disagreeable to most persons on first using it, I noticed that the dogs, that are kept in great numbers at the Springs for the purpose of hunting, seemed to be very partial to it. I was scarcely ever at the spring that I did not see one or more of these animals lapping the water with great apparent relish as it flowed from it.

The water, of which there is an abundant supply, is at a temperature of 60 degrees throughout the year. It is very transparent and slightly sparkling, from the gases which it contains; these are sulphuretted hydrogen, carbonic acid gas, nitrogen and oxygen. Bubbles of air, principally nitrogen, are constantly rising to the surface of the water and escaping from it, in the same way as in the Warm and Hot Springs. Its other contents are lime, magnesia, soda, iron, organic matter and precipitated sulphur. This latter ingredient seems to be very abundant, and a copious deposit of it may be seen at all times at the bottom of the spring, though it is usually cleaned out every few days. From the white appearance of this deposit the spring takes its name.

The water of the White Sulphur Spring no doubt possesses medicinal properties of great power. Multitudes who resort to it annually are benefited by its use, while a few, perhaps, deriving no advantage, are inclined to believe that the water has no remediate powers. But it should be recollected that these waters are not calculated to relieve all cases, and that in those where they might be useful, they may prove mischievous if not judiciously taken. Many persons, immediately on arriving at the springs, drink the water immoderately, and not a few suffer for their rashness. When taken in this way it is said to produce a powerful determination of blood to the head, attended with pain and dizziness, and sometimes followed by severe cerebral symptoms.

Though this water is nauseous to most persons on first drinking it, a relish for it is soon acquired, and in a short time, in most instances, it becomes a favorite beverage. I met with several individuals, in perfect health, who declared to me that they preferred it to any other liquor, and drank it merely as a luxury.

It is said to act on the kidneys, the bowels, the liver, and the skin. As a diuretic, its effects are very soon apparent, but it usually requires some days before it produces a decided action of the bowels. Its operation on the liver, too, is not manifest for some time, and where there is a great torpor of this organ, some auxiliary means may at first be required. Its effect on the skin is very apparent, though not immediate; after drinking the water a few weeks the perspiration becomes strongly impregnated with sulphur.

The use of this water is no doubt beneficial in a variety of affections, and I am inclined to believe that it will be found signally useful in those functional derangements of the digestive organs, which are so common, and at the same time so unmanageable, especially when they are connected with disturbance of the liver, or a torpid state of the bowels. The whole tribe of dyspeptics, if their trouble be not the effect of organic disease, may resort, with a well-grounded expectation of relief, to these healing waters.

Another numerous class of patients, known under the very common, but not very significant name of bilious, is said to find, very often, relief from them. Many persons of this description come to the springs from the south and south west, whose constitutions have been shattered by the diseases incident to the climate, and they almost invariably derive benefit from a residence there. In such individuals there is, hardly without exception, some derangement of the biliary secretion, consequent very often on intermittents and other fevers of the country.

Chronic rheumatism is a disease from which relief is, in very many instances, obtained by a resort to this spring. In this case great advantage is derived from the external as well as internal use of the waters, and for this purpose an excellent bathing house has this year been erected, with every convenience for using the bath in every form and at any temperature that may be desired.

Cutaneous eruptions of various kinds are frequently removed by a similar management.

Many of the distressing symptoms, which are by no means the unusual attendants of chronic affections of the urinary organs, are in many cases alleviated, and in some entirely removed, by a judicious use of the White Sulphur Water.

There are other maladies over which, it is said, it exerts a favorable control. But it is unnecessary to enumerate them, partly because I cannot speak from personal knowledge, and partly because I suspect that in some of them the advocates of the springs may have exaggerated the virtues of the water.

But of this much I feel confident, that these springs will, in a majority of cases, be useful not only in those diseases which I have named, but also to that numerous class of patients who are affected with debility

connected with functional derangement, or that which is consequent on previous disease, or excess and imprudence in living. All persons who resort to the White Sulphur Spring for the purpose of health, would do well to consult Dr. Moorman, the resident physician, who is well qualified to advise as to the mode of using the waters and the cases to which they are adapted. They will find him to be an intelligent and well-educated physician.

The Sweet Springs are 17 miles from the White Sulphur by the road, but not more than half that distance in a straight line, as the road winds gradually over the mountains, and thus avoids the steep and precipitous ascents which would be unavoidable if it crossed them in the nearest direction. The temperature of the water is 76 degrees, and is the same at all seasons. It is very abundant, and is situated in one of the most beautiful mountain valleys of that region. It contains a large quantity of gas, particularly the carbonic acid gas, and this imparts to it a sparkling and agreeable taste. In what way it obtained the name of sweet, I cannot learn; it certainly does not deserve it, for it is decidedly acidulous. It contains lime, magnesia, soda, iron, &c., but in what quantities I do not know. An analysis of all these waters has recently been made by Professor Rodgers, of the University of Virginia, and it is understood that the result of his investigations will soon be given to the public.

The water of the Sweet Springs, when taken internally, is not supposed to possess medicinal properties equal to that of some of the other springs; but in combination with the bath, it is found useful in many diseases, as rheumatism, paralytic affections, and general debility. It has also been extolled in dyspepsia, and in that countless tribe of maladies which follow in its train. It is certainly a very agreeable bath, pleasant while you are in it, and followed by a delightful glow as soon as you come out.

There are four other springs, of greater or less degree of celebrity, which I did not visit; these are the Blue, Salt, Grey, and Red Sulphur. The two first are said to resemble very closely the White Sulphur, having the same properties, though in less degree. The Grey Sulphur has been extolled for dyspeptic affections, and the Red Sulphur for its beneficial effects in pulmonary diseases. But having no personal knowledge of any of them, I do not feel that I could offer anything that would be worth your attention.

ESCAPE OF WORMS AT THE NAVEL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the particulars of the following case, hoping, if you should choose to publish it, I might obtain information in regard to similar cases from some of the gentlemen who patronize the Journal, and whose skill and experience might have brought them in contact with something similar.

Some time in November, 1838, I was called upon to prescribe for a

child about two years old, who had an ulceration of the umbilicus, which was of some weeks' standing, and which soon healed up, but shortly broke out again. As often as it healed it broke out, which was quite a number of times during the winter and spring. Some time in July past, the child complained of something biting, and on being examined, the head of a large lumbrici was found protruding from the ulcer in the umbilicus, and from which place seventeen large lumbrici have since been discharged. The child appears to be in good health.

Fairville, N. Y., Oct. 9, 1839.

C. G. POMEROY, M.D.

THE EFFECTS OF THE HUMAN MILK ON THE CHILD, DURING MENSTRUATION.

BY E. WILKINSON, CUMBERLAND, ENG.

As the function of menstruation, and the effects of a morbid and an unhealthy condition of it on the female constitution, are now pretty well understood by the profession, it would be needless to discuss them here, were it not that I consider that one effect of menstruation has not hitherto obtained that grave consideration with medical men which its practical importance seems to demand. Having frequently observed that human milk has a decidedly laxative effect on the child during the period of menstruation, I am led to conclude that it may not only prove injurious to the offspring at the time, but that it may also frequently be the means of laying the foundation of other infantile diseases. It is a fact now pretty well ascertained that whenever the mother's constitution is impaired (or even only slightly influenced) by either mental or physical causes, during the period of lactation, the secretion of milk is changed in quality, and a morbid effect is consequently produced on the constitution of the child from the physical changes it is supposed to have undergone. My attention was particularly directed to the consideration of this subject a short time ago, on observing a child of my own very much laxated from the cause here alluded, as may be inferred from the subsequent account. On inquiry, I ascertained that not only this child, but also my two other children, had been similarly affected whenever the mother menstruated during lactation. The stools which this child had were exactly like those of a suckling calf laboring under diarrhœa, both as regards color, consistence and smell. As to the appearance and color of the stools, they presented that of a liquid mixture of chalk and ipecacuanha. They appeared to consist of a small portion of excrementitious matter dissolved (and as if well triturated) in a large proportion of serous fluid. The fœtor of them was excessive and almost intolerable, and, as I thought, not dissimilar to that of the menstrual secretion itself. The youngest child had the breast until he was nineteen months old, and the mother menstruated regularly during the last seven months. She also menstruated regularly from the first month after her two first accouchments during the whole period of lactation. M. Donné has ascertained that human milk is a fluid holding in solution lactic sugar, salts, a small quantity of fatty matter, and of

caseum; and, in suspension, a number of globules composed of butter, which are of various sizes, and soluble in ether. The first milk, or colostrum, contains, in addition, particular bodies, which M. Donné designates "granular;" these latter do not disappear entirely before the end of the first month after delivery; they sometimes, however, continue beyond that time. M. Retzius, it would appear, has discovered free phosphoric and lactic acids in the *menstrual blood*; the acids hold the coloring matter in solution. Although I am no great advocate for medical theory and hypothesis, yet it is probable that according to the recent discoveries of the composition of the human milk by Donné, and of the menstrual blood by Retzius, the former may be deprived of a considerable portion of its nutritive ingredients, and surcharged with saline matter; hence its purgative effect on the child. If this is really the condition of the milk during the menstrual period, it is evident that it will not only produce diarrhoea and nervous irritation, but that it will likewise prove defective in nutriment, and thus it may, indirectly as it were, lay the foundation for various infantile diseases. If, therefore, the precise condition and composition of the lacteal secretion during menstruation could be ascertained, we might then perhaps discover the means of preventing its morbid influence on the constitution of the child, provided it does actually produce such an effect upon it at the period. Until, however, this be accomplished, we must rest contented with our present knowledge of this important and interesting subject.—*Lancet*.

EMPHYEMA AND REMARKABLE FISTULA OF THE CHEST.

FREDERICK WETZEL, aged 19 years, a miner in the Black Forest, Germany, since his tenth year had always been well, excepting that he had frequent epistaxis.

On the 25th of April, 1834, he was attacked by pleuro-pneumonia, for which local and general bleedings were employed, blisters, nitre, calomel, and, finally, acetate of ammonia and tartarized antimony. The symptoms diminished, but after some days the breathing became more difficult, the pains returned in the left side of the chest from time to time, the cough recurred, the expectoration was purulent, his strength fell, he had hectic fever, night sweats, frequent shiverings, a dull weight on the left side, deep respiration excited cough, and decubitus on the right side produced access of suffocation.

Infusion of senega root, digitalis, quinine, decoction of Iceland moss, yellow sulphuret of antimony, Dover's powder, and Seidlitz water, did not ameliorate the condition of the patient. In about eight days more the right cavity of the chest was considerably prominent, œgophony was manifested, the respiratory *bruit* was null, and percussion elicited a dull sound. The cellular tissue of that side of the chest became œdematous, as also did the left foot.

On the 21st of June, between the 5th and 7th ribs, there appeared a tumor of the size of a man's fist, adherent, and completely fluctuating. An opening made in it with a lancet produced two pints and a half of a

thick and foetid pus. The patient, previously threatened with suffocation, was immediately relieved. At each dressing, which was renewed daily, there issued about a pound of pus. The quantity diminished, little by little, as the pus could not flow freely, while it became yet more foetid.

Some weeks after this a fresh fluctuation appeared, between the 7th and 8th ribs, and new opening was made, sufficiently large to liberate the pus freely. A sound introduced into the cavity formed by a pseudo-membrane *passed inwards and from before backwards*, to a depth of six inches. The sac was abundantly capacious. Care was taken to sustain the patient by tonics, and to evacuate the cavity always by means of lukewarm injections of camomile tea. In 1835 and 1836 it was sought in vain to heal the opening by means of myrrh, decoction of quinine, salicine, oak-bark and madder-root. During the three years that the fistula remained open, it was impossible to prevent the entrance of air, which, however, had no other inconvenient effect than that of rendering the respiration more difficult. The pus which issued at this time seldom exceeded two tablespoonfuls in quantity. Very serious hæmorrhages within the purulent cavity threatened life on many occasions in August and December, 1836, and June, September and December, 1837. These appeared to have supplanted the epistaxis to which the patient had been subject. The quantity of blackish fluid and coagulated blood sometimes reached a pint and a half. On stopping the mouth of the fistula, the blood occasioned severe oppression, and even cough, with sanguineous expectoration. As soon as the issue was re-established these symptoms ceased.

From time to time the patient is troubled with abdominal symptoms, which a purgative removes. He has often, also, palpitations of the heart; the urine is then diminished, and the hands and feet are œdematous. Digitalis always dispenses these symptoms. At present, as during the preceding summer, the patient feels very well, attends to his domestic duties, and even walks nearly three quarters of a mile at a time.—*Medicinische Annalen*.

MORTALITY AND SICKNESS IN GREAT BRITAIN.

A "STATISTICAL ACCOUNT of the British Empire," by J. R. Macculloch, Esq., has lately been published. The 7th chapter, by Wm. Farr, Esq., on "Vital Statistics," is peculiarly interesting to the medical reader. The following is an extract:

"The physiological changes in the human body indicate that it was framed to continue in healthy action 70 or 80 years; yet owing to hereditary weakness, or a vicious tendency, and the imperfect adaptation of parts of the external world to its organization, a certain number of every generation fall sick, and of these a certain number die at all ages; in such a ratio, however, that from birth to the age of puberty the sickness and mortality decline; while from puberty they increase slowly, in a geometrical progression, up to the 50th or 60th year, and then more rapidly to the end. In comparing, therefore, the sanitary state of

different nations, it is not enough to know the absolute mortality or sickness to which they are subject ; as experience has proved that these may be nearly the same, yet, from their bearing differently on the periods of childhood, manhood or old age, have a very different effect on the national strength and resources.

“ From observations to which we shall again have occasion to recur, it appears that in manhood, when 1 person to 100 dies annually, 2 are constantly sick ; and although this exact relation is, perhaps, not preserved in infancy and old age, or where the rate of mortality deviates much from the standard, it may be safely assumed as a near approximation to the truth. Admitting, then, that the annual mortality is 2.13 per cent., after the corrected returns, and that the population of England and Wales is 14,000,000, the total number constantly disabled by sickness will amount to 600,000 persons ; and if the same proportion be extended to Scotland and Ireland, to 1,130,000. This reduces the efficient population of the empire 1-24th part ; and the productive power, so far as it depends on human labor, 1-18th part, if the maintenance and attendance of the sick cost half the produce of their labor in health ; an example will show how it would be erroneous to suppose that two populations, in which the same absolute proportion of sick existed, suffered, consequently, to an equal extent. A third part of the registered deaths occur below 5 years of age, yet the mortality in England has latterly (1813-30) not been more than 49.7 per 1000 at this early age ; in Sweden it was (1755-75) 90.1 per 1000 ; and it is probable that at the same period the mortality of infants in England was not a great deal lower than in Sweden ; so that, if sickness have diminished at the same rate, the proportion of infants constantly ill is not half so great as it was a century ago. But children being entirely helpless, and in no way contributing to the nation's actual strength, a diminution of sickness among them, however desirable, adds little immediately to national power and happiness, compared with an improvement in the health of adults, between the ages of 15 and 60 years, such as has been observed in London since the 16th century, when the destructive epidemics ceased.

“ The magnitude of the subject, and the fact that more than a million of the inhabitants of the United Kingdom are disabled by disease and suffering, it is of less importance than the consideration that their condition may be ameliorated to an immeasurable extent. In one class of English counties the mortality of males below 5 years of age is still 81.9 per 1000, in others 41.9 ; and between the ages of 15 and 60 it varies from 11.0 to 19.0 ; implying a difference of 16 per 1000 in the sickness ; so that, if the health of the entire $13\frac{1}{2}$ millions, now between the ages of 15 and 60, in these islands, were as good as that enjoyed by the inhabitants of some counties, the numbers constantly sick would not be so numerous by 554,000, as if the standard of health were reduced to that obtaining in the more insalubrious districts. In the one case, the mean number sick would be 773,300 ; in the other, 1,336,000. Whether it be possible or not to raise the standard of health to the height enjoyed in the former counties, or to one still higher, the impor-

tance of the subject recommends it to a careful experimental investigation ; because, when the character and causes of our diseases are known, some provision may be made for their alleviation ; the extent of the injuries which they inflict upon the public will be determined ; and the standard of salubrity, indicating an increase or diminution of physical strength, will afford the best index of prosperity of the nation, and of the extent to which it is affected by atmospherical, political, or economical influences."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 23, 1839.

DISEASES OF THE EARLY SETTLERS OF OHIO.

WE continue our extracts from Dr. Hildreth's Address before the late Medical Convention of Ohio.

"When the Ohio Company first took possession of the country along the borders of the Ohio and Muskingum rivers, the whole face of the earth was covered with a thick growth of forest trees, which defended it from the sultry heats of summer, and moderated the rigors of winter. Yet, from the history of our climate as detailed in the former part of this discourse, we may suppose they suffered occasionally from the diseases common to both the tropical and the arctic regions. They were sometimes attacked with malignant remittents in the summer, and pneumonias and pleurisies in the winter, but no serious epidemics appeared until partial openings had been made in the primeval forests, and the wet, low grounds exposed to the action of a summer sun. Half-business in cultivating and civilizing a country, is like half-way work in every other affair, often productive of evil. Accordingly we find that a partially cultivated region is more sickly than one which is either totally covered with forests, or in a state of complete redemption. The partially evaporated waters and reeking shores of the swamps, exhale a sickly malaria which the morning fogs and the noon-day breezes waft to the cabin of the new settler, and his humble but cheerful hearth is soon clouded with sickness, sorrow, and pain. The hunters and wild borderers who preceded the actual settler, generally suffered much less from sickness. Their cabins were placed immediately on the banks of some river or creek. Since the first settlement of the country many of the disorders have changed their type and character. From the year 1788, the period of the first improvements in Ohio, to the year 1807, the date of the first great epidemic, a large proportion of the diseases originated in exposures to wet, cold, hunger, and fatigue, and were generally of an inflammatory type, such as rheumatisms, pleurisies, pneumonias, scarlatina and smallpox. Ophthalmias were also common. For the first nine years the inhabitants made but little progress in clearing their land of the huge forest trees which covered the rich alluvion on the Ohio and Muskingum rivers. The greater portion of their time and strength was occupied in building stockaded garrisons and block-houses, and watching the movements of the Indians. Sometimes their

lives were in danger from famine, and at others from the rifle and tomahawk of the savage.

In the spring and summer of the year 1790, the inhabitants of Washington County suffered severely from want of wholesome food. Very little land had as yet been cleared, and a severe and untimely frost in September of the preceding year, having destroyed or greatly damaged the crops of corn on the Monongahela, where they chiefly looked for their bread stuff, the settlements were on the brink of being ruined and broken up. The Indian war began the following year, and they still continued to suffer from want of food. The savages killed and drove away many of their cattle; and, continually watching in the vicinity of their garrisons, prevented the hunters from obtaining a supply of venison, which at that day were more numerous than the domestic cattle at this. In this season of want, I have heard some of our present inhabitants, who were then children, relate with what anxiety they watched from day to day the tardy growth of the corn, beans and squashes, and with what rapture they partook of the first meal prepared from vegetables of their own raising,

In this period of time, viz., from 1790 to 1795, while confined in their garrisons, the settlements at Belleprie suffered much from smallpox and scarlatina. Of the latter disease many children died. Some families lost three or four. It was of a malignant character and very fatal. The smallpox was rendered in a manner harmless by inoculation. Fevers of the remitting type were rarely seen, so long as the country was wholly covered with forests.

"Some of the young females had become so habituated to danger that nothing pleased them better than a sudden alarm that the Indians were about to attack them, as the confusion and bustle of such a crisis gave a different train to their thoughts, and a relief to the sameness of a garrison life. This volatility of spirits, I have no doubt, preserved the early inhabitants from many attacks of disease and death. The leaders of the colonists were generally officers and soldiers who had served during the revolutionary war, familiar with danger and the structure of the human mind.

"*Malignant Fever at Gallipolis in the year 1796.*—This town was settled by a company of emigrants from France, in the year 1790. They had bought and paid for lands in their own country, from Joel Barlow, the agent of the '*Scioto Land Company*,' which, failing to close its contract with the Congress of the United States for a large tract of wilderness lying between the Scioto river and that of the Ohio Company's purchase, could not fulfil the agreement with these men; and they were left in a strange land, without a home, and without the means of purchasing one, as their journey and payments to the Scioto Company had exhausted their money. With want, disappointment, and the Indians to contend with for several years, sickness and death would naturally fall upon them. During the Indian war, which broke out on their arrival, they were confined to their garrison and could do but little towards clearing the lands on which they had been permitted to settle. Within the bounds of their village were numerous small ponds of water and wet low grounds, partially cleared and covered with weeds and decaying wood from the fallen trees. In the summer of 1796 a bilious remitting fever broke out, which prostrated nearly the entire population and caused a number of deaths. Amongst them was a cousin of the writer of this address, who had early visited the West and was engaged in the fur-trade.

"Andrew Ellicot, a celebrated engineer and surveyor, in a voyage

down the Ohio river, landed there in November of that year. The following extract from his journal is copied from the fourth volume of the Medical Repository, and is the only account of this sickness which I have been able to procure:

“Arrived at Galliopolis about 11 o'clock in the morning. The village is a few miles below the mouth of the Great Kenhaway, on the west side of the Ohio river, and situated on a high bank. It is inhabited by a number of miserable French families. Many of the inhabitants this season fell victims to the *yellow fever*. The mortal cases were generally attended with *black vomiting*. This disorder certainly originated in the town, and in all probability from an unusual quantity of animal and vegetable putrefaction in a number of small ponds and marshes within the village.”

Subsequent extracts from this record of diseases from the first settlement of the State of Ohio, down to the present year, will be introduced as opportunity presents.

Omental Hernia from a recent Accident.—A young man, by the name of Bailey, 16 years of age, while hunting partridges in Medford, about 5 weeks since, in the act of leaping over a stone wall, fell upon the right side and struck upon a sharp stump of a small tree, which penetrated the skin a little above the superior anterior spinous process of the ilium, and pursuing its course obliquely upwards and inwards passed under the edge of the rectus muscle, and entered the abdomen near the navel. The external opening was about $1\frac{1}{2}$ inch in extent, while the opening through the tendinous sheath of the rectus and the peritoneum was equal to $3\frac{1}{2}$ inches. The wound was followed by a protrusion of the omentum in a lacerated state, and found covered with gun powder, which had been in a glass bottle in his pocket, that was broken in the fall. Dr. Gregg, of Medford, was first called, and in about 5 hours, Dr. Walker, of Charlestown. After cleansing the parts, of powder as well as could be done, they were returned into the abdomen, the patient treated on antiphlogistic principles, and we are happy to say has recovered without any unpleasant symptoms occurring.

Western Journal of Medicine and Surgery.—Messrs. Prentice & Weissinger, of Louisville, Ky., will publish the first number of a new medical periodical, the first day of January next. Drs. Drake and Rives, of Cincinnati, the publishing committee of the *Western Journal of the Medical and Physical Sciences*, have issued a circular to their old subscribers, in which they are notified, according to custom, that they are made over, bag and baggage, to the owners of the forthcoming Journal. The Louisville Magazine is to come out monthly, in eighty-four pages—no price mentioned—but it is officially announced that it will be conducted by the Professors of the Louisville Medical Institute. It is certainly very encouraging to have such literary and scientific power concentrated at a single point—but that very circumstance convinces us that it will not become remarkable for its longevity. Two editors connected with the same work, invariably involve themselves, and all who are concerned with them, in difficulty—losing both patronage and money; if there are more than two, the catastrophe comes the sooner.

Medical Miscellany.—M. Bournichet, a physician, has informed the Royal Academy of Sciences, at Paris, that he has discovered a certain

cure for hydrophobia—of which he is so certain, that he offers to be bitten by a rabid dog in presence of the members, for the purpose of testing the efficacy of the remedy.—Sickness has prevailed at Opelousas, the cause of which was imputed to a long-continued drought.—The public health at New Orleans is now supposed to be improving; still, the deaths by yellow fever are numerous.—At Augusta, Georgia, the health of the city is also improving. From August 18th, the day on which the first death took place by yellow fever, to October 10th, 212 persons have died. It is a memorable fact that a woman, Mary Elbert, who had lived through the vicissitudes of 96 years, was carried off by this pestilence, which nothing can resist.—Mr. Espy is going to England to lecture on meteorology.—Dr. William Wilson has been appointed Physician and Superintendent of the Bloomingdale Asylum for the Insane, in place of Dr. Benjamin Ogden.—Professor R. M. Huston, of the Jefferson Medical College, Philadelphia, is transferred from the chair of *Materia Medica* to that of Midwifery—and *Materia Medica* is annexed to Dr. Dunglison's chair.—A Pathological Society was recently organized at Philadelphia, of which Dr. W. W. Gerhard is President.

MARRIED,—In this city, Augustine C. Taft, M.D., of Uxbridge, Ms., to Miss Deborah M. Taylor; J. W. Warren, M.D., to Miss M. M. Robinson; Amos Bancroft, M.D., of Groton, Mass., to Miss Eliza Doane, of Boston.—At Saco, Me., Albert Bartlett, M.D., of Claremont, N. H., to Miss Susan Ann Calef,

DIED,—At Gloucester, Mass., Dr. Henry Prentiss, 40.—At Watertown, N. C., Dr. J. G. Brehon, 29.

Whole number of deaths in Boston for the week ending Oct. 19, 38. Males, 22—females, 16.

Of consumption, 1—scarlet fever, 4—old age, 2—disease of the brain, 1—smallpox, 1—inflammation of the brain, 1—infantile, 3—diarrhea, 1—teething, 1—lung fever, 2—croup, 2—fits, 1—hemoptysis, 1—disease in the head, 1—scald, 1—inflammation of the bowels, 1—dropsy on the brain, 1—dysentery, 2—cancer in the breast, 1—hemorrhage, 2—brain fever, 1—stoppage in the stomach, 2—apoplexy, 2—canker, 1—jaundice, 1—stillborn, 2.

MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
<i>Materia Medica</i> and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Resolved, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—tN

JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

Session of 1839-40.

The regular Lectures will commence on the first Monday of November. The following are the professors in the order of their appointment:—

1. JACOB GREEN, M.D., Professor of Chemistry.
2. SAMUEL McCLELLAN, M.D., Professor of Midwifery, and Diseases of Women and Children.
3. GRANVILLE S. PATTISON, M.D., Professor of Anatomy.
4. JOHN REVERE, M.D., Professor of the Principles and Practice of Physic.
5. ROBERT DUNGLISON, M.D., Professor of Institutes of Medicine and Medical Jurisprudence.
6. ROBERT M. HUSTON, M.D., Professor of *Materia Medica* and Pharmacy.
7. JOSEPH PANCOST, M.D., Professor of Principles and Practice of Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professor of Institutes of Medicine; and at the dispensary of the college under the Professors of Physic and Surgery.

Fee for each professor for the whole course, \$15. Graduation fee, \$30.

Aug 7—tN1

JOHN REVERE, M.D., Dean of the Faculty.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPEE,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

Offering his instrument to the faculty, Dr Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Rigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peizotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$10.

June 12—ly

SITUATION WANTED.

A PHYSICIAN of experience would like to hear of some location favorable for the practice of his profession. Partnership with some individual who wishes to retire in part from the duties of his profession, would be preferred. Satisfactory reference as to character, professional and moral, will be given. Inquire of the editor; if by mail, post-paid.

Oct. 16—St

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, OCTOBER 30, 1839.

No. 12.

VACCINATION AND SMALLPOX IN SIAM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The vaccine virus which you were very kind to send under date of July 3d, 1837, was not received until some time in May, 1838. Of course the long interval from the time it was taken to the time it arrived, rendered it little better than hopeless to attempt to produce the vaccine disease with it. However, I determined to spare no pains or experiments in trying to introduce the great boon into this country, and therefore called together some dozen or more children, and inserted the matter in their arms, in various ways. I think I repeated the experiment but it was all in vain. Since then I have made experiments with other parcels of vaccine virus, sent from Canton and Singapore, which likewise failed. Dr. Parker, of Canton, sent me a parcel of the virus last January, which is the cool season here. From the time of taking it till I began to experiment upon it, was only about six weeks. It being so recent, the season being cool, and the matter being prepared for the voyage in various ways, and with great care, I could not but entertain sanguine hopes that I might be allowed to effect the complete introduction of the kinpox into Siam. The matter was sent in the form of a scab, in a sealed phial, immersed in water—on plates of glass protected from the air and light by means of bees-wax, and on very fine linen, which was thoroughly charged with it—sealed up in a small phial, and this immersed in a larger phial of water. At Dr. Parker's suggestion, Dr. Tracy and myself cut off small pieces of this linen, and inserted it deeply within the texture of the true skin. The puncture was so free, that the blood escaped to the amount of several drops; when it had ceased to ooze out, the wound was wiped nearly dry, and the linen crowded in with the point of a quill tooth-pick. Some we vaccinated by a slight puncture between the cuticle and true skin, and some we scarified. In these different modes we vaccinated several different companies of children, at different times. Three, and only three, of those in whom we inserted the linen, had sores. These looked somewhat like the vaccine sore. Although there were many spurious appearances about them, we judged it wise to take the matter and try its effects upon other individuals. Many were thus vaccinated, and nearly all had sores in consequence; but they all arose as soon as the 2d day, and were perfectly suppurated as soon as the 3d day. The sores were far more like little festers than like the vaccine pustule. At

length I inoculated some half dozen or more whose sores had appeared the best, and they all took the smallpox. So the work was ended.

It is impossible to determine why it is that Siam so successfully resists the blessings of vaccina. If the virus which Dr. Parker last sent me was genuine (and he is confident that it was), I cannot imagine why it failed of producing the true pustule in Bangkok. I can hardly hope ever to obtain any from abroad that shall be more fresh than that. I should have said that the scab and the matter on the plates of glass did not in one instance produce a sore, and some 40 or 50 persons had it inserted in their arms. I am informed by Dr. Richardson, of Maulmein, who is now in Bangkok on an embassy, that vaccina was introduced into Burmah with very great difficulty, and that as yet it has been found impossible to preserve it good for more than two or three months, when it loses entirely its prophylactic powers, and produces much confusion and much loss of confidence in the true vaccine virus. The same is true at Pinamy, Malacca and Singapore. It has been introduced at all these places; but very little dependence can be placed upon it. These facts open a field for medical philanthropists to investigate. Had I time I should engage in it with all my heart. I am not willing yet to indulge the despairing thought that the many millions of human beings inhabiting Southeastern Asia can never enjoy in full the blessing of vaccination. I believe the present barrier to it may be discovered and removed by human agency. I would earnestly invite the attention of the medical faculty in my beloved America to this deeply interesting subject.

Although my letter is already long, I cannot forbear to inform you of the introduction of inoculation with the smallpox in Siam within the last five months. The smallpox made its appearance in the neighborhood of the Baptist Mission in this place about the first of November, 1838. It annually appears more abundantly during the months of November, December, January, February and March. It came so near to the families of my brethren that it was judged prudent to inoculate all their children and households, which Mr. Jones did with perfect success. Soon after the smallpox appeared in the neighborhood of the A. B. C. F. Missions in Bangkok, which induced us to look to God for special direction and aid. The result was, a full conviction that it was our duty to inoculate our children; for none of them had been vaccinated to any purpose, except one who was vaccinated in Singapore. Accordingly I inoculated them all, and several Siamese inmates of our families. All, excepting one or two Siamese, took it, and passed through the different periods of the disease with very little sickness. The Prakklang, the Minister of Foreign Affairs, heard of the result, and sent to me to learn more definitely about the science of inoculation. We answered all his inquiries. Soon the tidings of our successful inoculation reached the king's ear. He despatched to me several of his first physicians to investigate the subject. I taught them with much pleasure. Quickly his Majesty ordered several of his personal physicians to seek a number of boys who had not had the smallpox, and bring them to me for inoculation, that he might have an ocular demonstration of what he had heard. The physicians were obedient to the command, and came to me many times,

bringing different companies of lads, all of whom I inoculated, with the most desirable success. Just about this time, I wrote a short treatise on vaccination and inoculation, expressly for the king, and presented it to him through the Prakklang. Not many days after this, on the 4th of January, the Prakklang sent for me to visit him, when at his earnest request I inoculated 6 of his small children, 3 grand-children, and 3 concubines. Thus did this high officer evince unshaken confidence in this plan, and was heartily willing that the smallpox (than which no disease is more terrible among the Siamese) should be inserted into 12 persons in his own family, no less dear to him than the families of American parents. What American parent would have exhibited more real greatness under similar circumstances? He had seen the result of inoculation in a few, and had read my treatise, and was thus prepared to seek refuge in inoculation from the scourge that threatened his family. On the 9th day of the same month, the Prakklang requested me to inoculate some 15 or 20 other little ones in his house. On the following day, his brother Pysipipat summoned me to inoculate in his family. About this time our mission published a treatise on vaccination and inoculation, designed especially for the physicians of Siam. The work was speedily in great demand. The king took measures to send copies of it into several distant provinces of his kingdom, and had an appendix written for it by his brother, whose title is Father of Doctors. The object of this appendix was to specify particularly what medicines of this country might be employed in difficult cases of the inoculated smallpox. It pleased the Lord to grant me perfect success in the families of the Prakklang and his brother. Almost every person inoculated took the disease, and had it with remarkable ease; and yet with sufficient of the symptoms of the smallpox to leave no room to doubt that it was genuine. After this I was summoned to inoculate in the families of the princes, nobles, rulers and people, almost daily for weeks. The king's physicians came to me often to perfect their skill in the art. They were fond of addressing me as their preceptor. They strongly urged me to prepare other medical works, particularly on midwifery. In the month of January there were about 1500 persons inoculated by the royal physicians, besides thousands, probably, by the people's physicians, and only one death was known to have occurred from among them all. Very few indeed had more than a hundred or two hundred pox. The great majority of the cases had less than one hundred pustules. The king himself was not backward in having his own children inoculated. He was delighted with the results of this mode of relief, and was very liberal in his praises of the American doctors, who had introduced the great blessing into his dominions. This was for many weeks the all-engrossing topic of conversation. It was said by many good judges that this means alone would save annually hundreds of lives in Bangkok, and that if inoculation should be continued a few years this country would overflow with inhabitants. It is said that his Majesty had his physicians inoculate without money and without price, to follow our example. Indeed he gave money to the poor who were not able to purchase medicines, and paid most liberally for good smallpox virus,

that he might encourage parents to puncture the pustules of their fearful children, and thus remove one obstacle to inoculation among this puerile people. The king and people's physicians continued to inoculate during the month of February. Among the thousands inoculated that month, there were a few deaths. The weather had become hotter; the cool season was ending; and it is probable that the physicians ventured to allow their patients to eat with little fear. As the months of March, April and May would be dry and hot, I advised that inoculation should be suspended until another cool season. The physicians have very generally complied with this advice.

I cannot but consider the success of this effort in inoculation as very remarkable. Dr. Richardson, who was long the civil physician and surgeon of the English settlement at Maulmein, in Burmah, but is now the English Ambassador to Bangkok, informs me that inoculation is almost their only relief in smallpox in Burmah, but that it is always attended with great danger and much loss of life. I know not to what natural causes to attribute our wonderful success. One thing is evident, and ought ever to be gratefully acknowledged, viz., that the special blessing of God has been most signally stamped upon it. Here is another subject for the study of the medical faculty. Let them pry into it with much enthusiasm. I will endeavor to stand ready to answer any questions they may see fit to propound to me. I shall be happy to contribute my mite to promote a profession which I must ever greatly respect.

I remain, dear Sir, yours truly,

Bangkok (Siam), March 12, 1839.

D. B. BRADLEY.

THE POPULAR STUDY OF ANATOMY AND PHYSIOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The address from which the following extracts are taken was delivered by a young physician of this State, to a crowded audience; and although there may be nothing new here to the professional reader, it will, perhaps, be some gratification to a portion of your readers to know that our backwoodsmen take no little interest in anatomy and physiology.

—, *Illinois, Aug. 25th, 1839.*

Extracts from an unpublished Address on the Popular Study of Anatomy and Physiology, by a Physician of Illinois.

I come now to the period to which I have alluded in a former part of this address—a period when an electric shock appears to have been given to science in its widest domain; the reign of the Newtonian philosophy.

The influence exerted upon physiological science by the labors of Sir Isaac Newton was of a two-fold character. 1. He placed physics in their proper place. 2. He showed, by a process of reasoning, similar to the Baconian philosophy, the true nature of cause and effect applied to the phenomena of the material universe. Thus he exhibited, in an

indirect manner, the true spirit of physiology, showed wherein it harmonized with physical science, and within what limits each should be confined. The universe was the field for his mighty genius, and the economy thereof he closely studied. By his investigations of the laws governing inorganic bodies, he pointed out to the scientific world that inanimate matter was controlled by an economy entirely distinct from that possessed by bodies endowed with vitality. Previous to his time physicians were ever laboring to explain the functions of the living body upon principles entirely physical; but now that the relation of physical cause and effect was so clearly elucidated, they began to see their error. From this period they commenced a more profound investigation of the economy of animate creation: they saw that man was an animal of wonderful construction, whose body was governed by a principle passing wonderful; that the phenomena exhibited in every living function were effects too powerful to be brought about by the feeble causes for which their forefathers had contended; and, adopting the logic of the Newtonian school, they proceeded link by link in the great chain of cause and effect, until, at the present day, physiology takes its rank among the certain sciences.

But although physics should be studied as a distinct science, a knowledge of its application to physiology is of the deepest value. A nice relation exists between the two, but the line of demarcation should ever be kept in view.

* * * * *

Reciprocal influence is a fundamental principle in the economy of the universe, and is most strikingly exhibited in the animal and vegetable kingdoms. Vegetables form a great portion of the food of animals, and their destruction by the latter is one great means of their preservation, for were they allowed to grow without retrenchment, the surfeit which would ensue would render them unfruitful.

Animals are ultimately dependent upon vegetables for their subsistence. It is evident, then, that these materials must, in the course of time, become limited and their use restricted, that they may be replenished and their perpetuity preserved. How is this to be effected? The substance of one animal must be employed for the use of another. "Hence has the ordinance been issued to a large portion of the animal world, that they are to maintain themselves by preying upon other animals, either consuming their substance when already dead, or depriving them of life in order to prolong their own. Such is the command given to the countless hosts of living beings which people the vast expanse of ocean—to the unnumbered tribes of insects which every spot of earth discloses—the great number of the feathered race,"* and to man.†

* * * * *

* Roget—Bridgewater Treatise.

† May we not derive an argument from this provision of nature against the theory that man is a phytivorous animal. Were this theory true, it would seem to me necessary to change, in a considerable degree, the present economy of the animal and vegetable kingdoms. The present destruction of vegetables by phytivorous animals of every species, seems to be exactly sufficient for their growth and nourishment; and were the habits of so large a species as the Bimana (extending, as it does, all over the world) to become so completely changed as to abandon the use of animal and live solely on vegetable diet, consequences would ensue which would unquestionably present a sad disorder of the harmony and uniformity of nature's laws. The vegetable world would suffer a demolition inconsistent with the office assigned it by the Deity—and animals of inferior grade to man, those who are entirely

This brings me to speak of the popular utility of anatomy and physiology.

Strange as it may seem to my audience, it is a truth incontrovertible, that almost every pursuit of the human mind has more or less connection with these branches of natural science. The divine, who assumes the high, arduous and responsible office of directing man in the path which leads to future bliss, should acquaint himself with the laws of the human system and the laws of all organized bodies. The jurist, who defends the rights of man from innovation, and upon whose sound and extensive knowledge often depends the life of a fellow being, cannot discharge the important duties of his station without a knowledge of these same laws.

The professional teacher, to whose charge is committed the education of youth—he who may be deemed the guardian of our civil rights—should, without question, possess the same important information.

Communities, who desire health and prosperity, and the establishment of a standard of sound medical acquisition, would find vast advantage in learning the structure and functions of the human body. Finally, a nation which would enjoy entire prosperity should establish means for the dissemination of such valuable knowledge.

Allow me to dwell separately upon these propositions. First, of a knowledge of anatomy and physiology to the divine. It is admitted by every competent mind that nothing is so well calculated to convince the unbelieving mind of the existence and high attributes of the Deity, as a display of his power, wisdom and goodness as exhibited in his works of creation. This department of knowledge has been very aptly styled *natural theology*.

The animal and vegetable kingdoms form, perhaps, the most splendid subjects of reflection to controvert the views of the atheist and the infidel. "Behold the busy theatre of animated existence, where scenes of wonder and enchantment are displayed in endless variety around us ; where life in its ever varied forms meets the eye in every region to which our researches can extend ; and where every element and every clime is peopled by multitudinous races of sensitive beings, who have received from the bounteous hand of their Creator the gift of their existence and the means of enjoyment."—*Roget*.

* * * * *

And how vastly important is it that they, whose province it is to teach man the ways of so benevolent a being, should learn the structure of the noblest of his works, the laws which keep this structure in the performance of its functions, and the adaptation to the same of the world and the variety of material objects.

Second : of a knowledge of anatomy and physiology to the jurist. I will add to what I have already said, that no one can be an accomplished lawyer without an acquaintance with these branches. And why ? Go, if you please, to our courts of justice and witness a trial for murder. Cast your eye upon one being in the assembly, whose life

phytivorous in their nature, must be deprived in no little degree of their natural food, both by the increase of their numbers (the natural result of the change in man), and the immoderate destruction of their food by our species.

life hangs, as it were, upon the wisdom of his counsel. Hear the evidence of his guilt, and that of his innocence. Hear the counsel's defence for his client. Does he stand in no need of anatomy? Has he no use whatever of physiology? Does he attempt to impress upon the minds of the jury that the nature of the injuries found upon the body of the deceased were not such as could induce death? Does he show that the location of a single mark of injury is such that no violence could have been done a vital organ? Can he demonstrate, to that collection of twelve plain, common-sense men, the relation which the organs of the body sustain to each other; or can he show that the injury of one will create the disorder of another? Perhaps suspicions have been excited that the deceased has been poisoned. Is the counsel for the accused ignorant of the action of poisons on the human body? Would he know how to superintend an examination to this end after death? Perhaps the criminal in the box is a mother, arraigned in court to answer for the murder of her infant babe. She may be guilty, and deserve the punishment of the law; but she may be as guiltless as an angel—as innocent as her babe. And how is the truth to be known? Doubt must hang over the minds of all, and no one is justified in expressing a decided conviction unless the body of the infant has been rigidly examined. Let us suppose that in all the cases mentioned the accused were innocent. Where would rest their fate with such counsel as I have described? The trial is over—the judge has charged the jury—the jury have retired and returned—their verdict is handed to the court—the tear of sympathy now starts from many an eye—suspense hangs heavy upon many a heart—now it is over, and the piercing, heart-rending outcry of grief is heard as the awful sentence of *Death* is pronounced upon the head of the unoffending. But stay. Let your imagination dwell for a moment longer upon the scene. Behold in that assembly a person of commanding appearance arise and address the court. He gazes with an eye of solicitude upon all around him, and commands a breathless silence. He seems about to make a long and powerful effort in behalf of his fellow being, but his words are few, simple and effective. He shows to the clear conviction of his audience that the prisoner has not been justly dealt with—that the testimony of physicians has been omitted, and that a new trial should be granted as early as possible. His motion is carried without discussion, and the poor criminal has yet a chance for his life.

Time elapses. The temple of justice is again thrown open—the same criminal is arraigned—that man of intellectual mien appears, as his counsel—medical testimony is made full and ample—the jury is addressed in arguments unanswerable—the trial closes—the jury confer—and the verdict returned to the court is read in the hearing of all present—"Not guilty."

Of a Knowledge of these Branches to the Professional Teacher.—

* * * * * Philosophers have told us much of the entity and immateriality of the mind, but never did mankind entertain just views of this subject until an enlightened physiology declared to them the functions of an organ which attains its highest development in man

—the brain. That the brain and nervous system are the bonds of union between the spiritual and physical, no rational man can doubt; and speculate as we may upon the immaterial character of the mind, it is utterly impossible to conceive of its existence without the existence of the brain; and until we learn the relation which the latter sustains to the whole body, we can never clearly comprehend the fundamental principles of mental science.

Mistake me not for a materialist. I am contending for a doctrine which has its foundation in the constitution of man—a doctrine that must abide so long as nature herself preserves her uniformity; and could I but urge upon the instructor of youth the necessity of studying those branches which would at once convince him of its truth—could I persuade him that by a step of this kind, he would prepare himself infinitely better for imparting instruction, and at the same time for instructing youth in branches calculated to facilitate their studies, and improve the powers of their minds, I should ever feel proud of my effort.

I proceed to consider my third proposition. "Communities who desire health and prosperity, and the establishment of a standard of sound medical acquisition, would find vast advantage in learning the structure and functions of the human body."

As we advance from a natural to a civilized state, and from this to refinement and luxury, disease increases in its varied forms and complex character. The rude Indian of the forest breathes the balmy air of his native abode, partakes of his simple repast, and rarely lays the sickened head to rest. Not so with the man whom education and refinement have placed in the high circles of life. He lives upon the products of a richly cultivated land, feeds at the banquet board, "looks upon the wine when it is red within the cup," conforms to fashion, and would fain cheat nature of her office. But she will not be deceived, and when artful man infringes upon her rights, he suffers the penalty of sickness. Since, then, disease is our natural companion, how vastly important is it to preserve, as far as possible, the health of communities.

The proposition just announced consists of two clauses. The first intimates the value of the possession of means calculated to preserve health and prevent disease; the second, the duty of every good citizen to supplant empiricism. Upon these I shall dwell separately.

* * * * *

Of Dress.— * * * * * I shall close my remarks on dress by a brief allusion to a custom of the young ladies of fashionable life. What object in the walks of social life can elicit greater admiration than the playful, innocent and intelligent girl of thirteen? Free from any restriction which fashion imposes, she enjoys an enviable independence—the delight of all her friends. She goes about in the flower forest and culls a rich bouquet from the native sweets of the earth. In the early spring morn she is out upon the green hills, sporting with the wind, and catching the fragrance of the flower-scented breeze. Time moves along; and the sportive girl becomes the young lady of "just seventeen." In woods and hills and flowers, and the air of heaven, she no longer takes delight, and few, if any, of her former amusements are congenial to her

spirits. Where is she to be seen? In the parlor, a *contracted beauty* (?) sitting like a marble statue—or in the ball-room moving in the dance, panting for breath, or swooning away gracefully upon the sofa. Time passes by, and she becomes a female exquisite. The refreshing air of the spring morning is too keen for her delicate nerves; a romp over the hills would prostrate her feeble frame. She slumbers till 10 in the forenoon, sips coffee at 11, and ventures into the parlor at 12. She allows a half hour to a visitor daily, and sends to the rest who would enjoy her company, the unwelcome message, “not at home.” A few months pass over her head and she becomes a complete victim of fashion—an old acquaintance of fainting spells—not an entire stranger to periodical headache and bad coughs—and with palpitation of the heart and asthma she is quite familiar. And what is the secret of the whole? Doubtless I am anticipated. Let me, then, ask when shall the use of these instruments of suicide, the corset and stays, be abandoned? Not, I fear, until mothers and daughters learn that the chest contains important organs of life, which have a most intimate connection with every organ of the body, and that they cannot safely endure the compression of hoops and staves; not until they can discern that the injury thus sustained by the brain and nervous system impairs the faculties of a mind which might have been an ornament to our age and country.

ON VARICOCELE, AND ESPECIALLY ON THE RADICAL CURE OF THAT AFFECTION.

BY H. LANDOUZY.

SIXTY persons out of every 100 are affected with varicocele. Hence the necessity of studying this disease. The term varicocele, as usually employed, includes the two terms varicocele and circocoele, the first of which implies an abnormal enlargement of the veins of the scrotum; the last, of those of the spermatic cord, testicle and epididymis. Varicocele never occurs without circocoele, and, in fact, always forms a consequence of it. The term varicocele is employed in preference to that of circocoele, and is understood to mean a dilatation of the veins of the scrotum and cord. The age at which it most frequently begins is from 10 to 30. Of 45 cases, 10 of which are reported by others, and 35 occurred in the practice of Landouzy himself, 13 were individuals between 9 and 15 years of age; 29 between 15 and 25; and 3 between 25 and 35.

The anatomical conditions which dispose to the frequent occurrence of varicocele are the depending position and great length of the spermatic veins; the weakness of their parietes; the absence of valves; and, especially, the changes in respect to volume, which they are constantly undergoing. We may add to these, the pressure of a column of blood reaching from the second dorsal vertebra to the testicle, and occasional impediments offered by the inguinal canal. The disease is more frequent on the left than on the right side. It is, indeed, extremely rare on the right side, and almost never occurs only on that side. In 8 out of 17

cases, the veins of the right side were enlarged simultaneously with those of the left, but to a much less degree. It is very rarely necessary to operate on the right side. Out of 120 operations performed by M. Breschet, one only was on the right side. The chief reasons which have been assigned for the greater frequency of varicocele on the left than on the right side, are the following. 1. The right spermatic veins open into the vena cava in a direction parallel to the axis of that vessel, while the left open into the left emulgent vein at right angles to the current of blood which flows through it. 2. The greater length of the left spermatic vein. 3. The pressure of the contents of the sigmoid flexure of the colon. With regard to this last cause, Landouzy observes that only 1 out of 17 patients was affected by constipation. Amongst the occasional causes of varicocele may be mentioned, all those which either prevent the return of blood to the heart, or determine it in large quantity to the organs of generation. These need not be particularized. There seems to be no close connection between varix and varicocele. Of 15 cases of varicocele, 1 only was affected with varices, and of 20 persons who had varicose veins in the lower extremities, no single one had varicocele. The symptoms of this disease are slight at first, and its existence is usually discovered by accident. There is a feeling of weight in the testicle, perineum and loins, and an unusual twitching in the course of the cord; the scrotum is long, pendant and soft, and increases rapidly in volume under the influence of heat or fatigue. The patient carries the hand, at every instant, to the scrotum, in order to give it a more favorable position. If the patient is not subject to much fatigue, if he does not remain for any length of time in the erect posture, and avoids all the exciting causes of the disease, a suspensory bandage will guarantee him against further suffering. But if the disease is allowed to go on unchecked, it becomes a source of constant suffering. A short walk causes extreme fatigue, the breathing becomes hurried, the face is bathed in sweat, and expresses the deepest distress. In some cases it is impossible to assume the erect posture, without the aid of a suspensory bandage. The case of one of the most celebrated dramatic authors of France is mentioned, who had acquired the habit of composing whilst rapidly pacing his chamber. This disease entirely put a stop to his perambulations, and with them to his literary productions. He was restored by an operation performed by M. Breschet. There is one symptom which our author has never known to be absent, but which has been omitted by other writers on this subject. It is an increased perspiration of the skin of the scrotum on the side affected. This secretion is, in some cases, so abundant as to require the use of a fold of linen. The superficial veins may acquire an enormous size. One case is mentioned in which they equalled, and even surpassed, the volume of the crural vein. Some cases are quoted from Pott and Sir A. Cooper, in which the disease seems to have made a sudden attack; in these instances Landouzy thinks that the disease had existed in a less marked form before the acute attack commenced. The atrophy of the testicle, which took place in more than one instance in which varicocele followed an accident, is justly attributed to the accident, and not to the varicocele

which was the consequence of it ; nevertheless, when the disease is very much advanced, the enlarged veins compress the testicle, and cause the absorption of it. Out of 15 cases, our author found the testicle in a more or less advanced state of atrophy in 9. The occurrence of atrophy of the testicle, as a consequence of varicocele, is established by quotations from Celsus, Callisen and Pott. Sir A. Cooper, however, does not seem to have met with any examples. One case, mentioned by Pott, is the only one in which atrophy of both testicles took place, but Landouzy has often observed the right testicle partially atrophied in varicocele of the left side. The atrophy of the testicle is proportioned to the extent of the varicocele. Not so, however, the pain, which is often most considerable where the veins are least enlarged. This fact is attributed to an enlargement of the small veins surrounding some nervous fibres. It is to the acute pain experienced in some cases, and to the constant uneasiness present in all, that the deep melancholy common to almost all diseases of the urinary and genital organs is to be ascribed. The chief object of Landouzy's paper is to prove the superiority of M. Breschet's method of compression to all others which have been recommended. Thirteen cases are related, in all of which great relief, in the majority a perfect cure, was effected by this means. The danger, too, of inflammation of the veins is much less than when other methods are resorted to ; the cure, moreover, is accomplished in a less space of time.

As a preliminary step to the performance of M. Breschet's operation for varicocele, it is necessary that the diseased veins should be considerably distended with blood, in order that none of them may escape the compressing action of the forceps ; for this purpose, in summer it will be sufficient that the patient should walk for some time previously, but in winter it will be desirable that he should also take a warm bath. This precaution being taken, and the scrotum being previously shaved, the patient stands upright before the surgeon, who, if the varicocele is on the left side, grasps the right side of the scrotum with his left hand, whilst with his right he endeavors to discover the situation of the vas deferens ; this is not difficult ; its normal situation is at the posterior part of the cord, its form that of a cylindrical stem, equal through its whole extent, its volume that of a large crow-quill, its consistence is hard, though elastic, and may be compared to that of a nerve. But the best means of assuring yourself that you hold the vas deferens, is to press it between your fingers, when the patient should feel a peculiar painful sensation, referred both to the testicle and the groin, and which can scarcely deceive either the patient or the operator. Having discovered the vas deferens, the operator draws it towards the septum scroti with the thumb and forefinger, and endeavors to separate the veins from it, and to collect them towards the external part of the scrotum. This sort of sub-cutaneous dissection forms the only difficult part of the operation, and requires patience and attention ; the separation of the vessels must be made with the greatest care, in order that no vein should remain with the vas deferens and spermatic artery. The veins being thus separated, an assistant places the first forceps on the upper part of

the scrotum, transversely, and as high as possible, but far enough from the root of the penis to prevent the formation of an eschar on it; it will be found convenient to raise the penis against the abdomen. The branches of the forceps should be carried as far as possible towards the septum, excluding the vas deferens, and at the external part of the scrotum a pedicle of skin about two lines in width, and containing capillary vessels only, should be left uncompressed. As soon as the first pair of forceps is properly placed, it should be screwed tight. The second pair should then be placed, in like manner, as low down as possible, without comprising the testicle, and should be tightened in the same way. An improvement in the construction of the forceps is the introduction of a supplementary blade, which may be depressed daily, by means of a screw, so as gradually to increase the pressure without augmenting the pain. It is necessary to be careful that this increased pressure commences towards the septum, otherwise the vas deferens might be included between the blades. In general, severe pain is felt in the scrotum and groin, immediately after the operation; but this ceases in a few hours, and no further suffering is produced. A compress dipped in cold water should be applied to the scrotum, which should be slightly elevated. The forceps may be removed, from the fifth to the seventh day. The bridle of skin on the outside of the scrotum facilitates much the cicatrization of the wound, the edges of which would otherwise be widely separated by the erections of the penis, and by the weight of the testicle.

—*Journal des Connaiss. Med.-Chir.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 30, 1839.

NEW REMEDIES.*

It occurred to us, while the articles entitled *New Remedies* were in the course of publication in the American Medical Library, that it was possible the editor contemplated a distinct work, in which should be embodied the whole series. We confess ourselves much gratified in receiving a large, plainly-printed volume, of a most respectable exterior appearance, from Philadelphia, which cannot be otherwise than popular with the medical profession, if suitable exertion is made to circulate it. *New Remedies: the method of preparing and administering them; their effects on the healthy and diseased economy, &c. &c.*, is the title, and our friends should be particular in sending orders to the booksellers. Medicines are continually multiplying, but there is so much empiricism in the world, and such an eagerness to grasp at every new thing that happens to have imputed to it a medicinal virtue, that the ignorant, under the burden of their infirmities, seize with avidity whatever vulgar rumor says is wonderful in

* *New Remedies: the method of preparing and administering them; their effects on the healthy and diseased economy, &c.* By Robley Dunglison, M.D., &c. &c. Philadelphia: Lea & Blanchard, 1839. 8vo., p. 563.

its effects upon disease. With the strongest reliance on the representations of the most incompetent persons, men of good powers of discrimination sometimes surrender themselves entirely to the guidance of contemptible speculators in health—giving their bodies to the unrestrained management of those with whom they would not entrust a purse. Some of the most potent remedies, which are necessarily prescribed with extreme care by responsible, cautious physicians, are no sooner on sale in the shops, than every one dabbles in them according to his own crude notions of what is proper or judicious. Creosote, iodine, croton oil, morphine, &c. &c., are just as readily procured by all sorts of people, without inquiry into the object of the purchaser, or the use which is to be made of these active preparations, as a dose of Glauber salts or a box of simple cerate.

Practitioners, in this age of multiplication, can scarcely keep pace with all the improvements and discoveries which are intended to provide them with new powers for contending with the ills and physical afflictions of humanity. It is not possible for all to be equally conversant with every new discovery in medicine—for they are not all circumstanced favorably for perusing every medical journal in this or any other country. A book, therefore, which puts them at once in possession of the whole mass of matter, of the character we are now considering, is positively greatly to be prized. Instead of travelling through a hecatomb of pamphlets, or decyphering a German or French treatise, for example, languages with which they may have but an imperfect acquaintance, they will find in this volume a concentration of all that is worth knowing in a particular department. The value of this book, therefore, is hardly to be estimated; to be without it, would be very much like obstinacy, and amount to the same thing as saying, like the Austrians in regard to their government—nothing can be improved, for we already live in a state of perfection. Dr. Dunglison, the author, has done an essential service to all classes of practitioners, in the compilation of this, his latest production. It is truly useful, because it plainly shows how the new medicine is prepared, how and under what circumstances it may be given, and, lastly, the effects it produces on the system; and the directions are sufficiently minute, while the general observations are copious without confusion.

Facts are what concern the physician: it is of no consequence to him what theories are the most popular, though, to the great injury of the character of the profession, too much deference is paid to the philosophisings of those who know very little about the readiest mode of restoring a patient. The publication to which these remarks refer, is a safe and useful guide in the administration of the new medicines, sanctioned by the highest authority. Since the cultivation of the science of botany is continually developing important medicinal agents, and chemistry puts us in possession of new and numerous preparations which were unknown to the physicians of the last century, these pilot books become invaluable.

Now it is no part of our intention to palm off Dr. Dunglison's book of *New Remedies* as an unmatched, unsurpassed production—it is not so; but intrinsically just what it purports to be, viz., an exact, scientific compilation from the very best available sources of information; it is creditable to the industry and wise discrimination of the author, and quite necessary to the libraries of those who feel the necessity of keeping pace with the improvements and discoveries in the broad and but imperfectly explored domain of medicine.

Revision of the Pharmacopœia.—A committee will meet in the city of Washington, on the first Wednesday of January, 1840, for revising the United States' Pharmacopœia, of which Lewis Condict, M.D., of New Jersey, is President. Massachusetts has no representative—and unless the Council of the Medical Society is called together at the special requisition of the President, the profession of this State will have neither part nor lot in the matter. New Hampshire sends three delegates, and in case of failure on the part of the regularly-appointed men, three substitutes were appointed to take their places.

Diseases of Infants.—Dr. Stewart's Translation of Billard, a splendid performance, which has been looked for impatiently, finally made its appearance in Boston, last week. Medical books seem to be better printed than formerly. This is an excellent specimen of typography, from the press of Mr. Adlard, New York. A dedication is made to Dr. John W. Francis. We have commenced reading, and hope, therefore, to give some account of it before long.

Fractured Bones.—Dr. Heard, of New York, reports cases of un-united fractures, treated on the plan of Dr. J. K. Rodgers, of that city—which is this—viz., remove the extremities of the fractured bone, and connect the ends of the two shafts by silver wire—holes being first drilled in each. They are brought together by twisting the wires—the ends of which are permitted to project from the wound.

Medical Miscellany.—Dr. Heintzelman has been chosen Coroner of Philadelphia: in this section of the country it seems to be of no consequence whether the coroner is well qualified for the office or not.—The Charleston, S. C. Board of Health announces the complete restoration of the public health in that city.—The sickness at Natchez is abating.—A catalogue of the Berkshire Medical Institution exhibits a class of 63 students, which shows great prosperity.—Dr. McClintock's office, Philadelphia, is recommended to students who may visit the medical schools of that city, as possessing superior advantages.—An election is to be made in the course of this month, of a successor to Dr. Griffith, in the University of Virginia, who resigned in consequence of ill health.—Dr. Gibson, of Philadelphia, has been made a corresponding member of the British Provincial Medical and Surgical Association.—A distinguished physician of New York has a new work of interest just ready for the press.—No. 1 of the second volume of the American Phrenological Journal, which has been due a fortnight, has just arrived.—Dr. Paul B. Goddard, Demonstrator of Anatomy in the University of Pennsylvania, has published a work, containing 12 plates, on the arteries—so say our exchange journals—not a copy of which is supposed to be in Boston.—Dr. F. C. Crane relates, in the London Lancet, several cases of cancer which have been cured or relieved by the use of iodide of arsenic. The dose, in one case, was an eighth of a grain, which was reduced to a twelfth, gradually increased to a third of a grain, and continued eight months, but its frequency is not mentioned.—Mr. Savage, a surgeon, in the same periodical publishes some important cautions respecting the use of the new ear medicine, by means of the air-press. He concludes by stating that mucous

engorgement is the only ailment remediable by this instrument.—At the late meeting of the British Association for the Advancement of Science, held in Birmingham, a case of rupture of the duodenum—one of ileus, occasioned by a membranous band—one of intermittent coma—one of open foramen ovale, without cyanosis—and two or three others of minor import, were detailed. Several valuable papers on medical subjects were also read.

TO THE READER.—The attention of the reader is respectfully directed to an interesting communication on the first page of this day's Journal, from Dr. Bradley, of the Missionary service, who resides at Bangkok, the capital of the kingdom of Siam.—We also desire to remind the reader that the lithographic illustrations of club-foot, which accompanied Dr. Brown's very important paper, last week, should be bound in the volume like a map, and not cut. The same article is to appear in a pamphlet, and to be extensively circulated over New England.—Dr. Short's letter, from Louisville, Ky., and other papers, will appear next week.

MARRIED.—In Champlain, N. Y., George Spalding Gale, M.D., of Franklin, Vt., to Miss Eliza Nichols, of the former place.

DIED.—In Boston, Gamaliel Bradford, M.D., Superintendent of the Mass. General Hospital.—At Boscawen, N. H., Dr. Elijah Blaisdell, 34.

Whole number of deaths in Boston for the week ending Oct. 26, 29. Males, 10—females, 19.

Of consumption, 5—disease in the head, 1—pleurisy fever, 1—intemperance, 2—decline, 1—inflammation of the bowels, 2—hooping cough, 2—gastritis, 1—dropsy on the brain, 2—inflammation of the lungs, 1—epilepsy, 1—scarlet fever, 2—hemorrhage, 1—lung fever, 1—burn, 1—old age, 2—typhoid fever, 1—gravel, 1—stillborn, 3.

MEDICAL LECTURES IN BOSTON.

THE Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was

Voted. "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—tN

WASHINGTON UNIVERSITY OF BALTIMORE.

Medical Department.—Session, 1839—1840.

THE regular Lectures in this institution will commence on the last Monday of October, and continue to the 1st of March. The Faculty consists of the following professors, in the order of their appointment.

- J. H. MILLER, M.D., Professor of Anatomy and Physiology.
- SAM'L K. JENNINGS, M.D., Professor of Materia Medica, Therapeutics, and Legal Medicine.
- WM. W. HANDY, M.D., Professor of Obstetrics, and Diseases of Women and Children.
- JOHN C. S. MONKUE, M.D., Professor of Institutes and Practice of Medicine.
- EDWARD FOREMAN, M.D., Professor of Chemistry.
- JOHN R. W. DUNBAR, M.D., Professor of Surgery and Surgical Anatomy.
- W. R. HANDY, Demonstrator of Anatomy.

The plan of this institution is a new one in this country. The college buildings are so constructed, as to present peculiar advantages to the student, which every intelligent medical man will at once perceive, as this plan unites a Medical College, Marine and City Hospital, Rooms and excellent Board for a large number of resident students, who have the charge of the patients under the direction of the professors. Clinical lectures are delivered during the session, on Medicine and Surgery, by the professors of the respective chairs. Northern students who contemplate emigrating to the middle and southern States, are invited to examine the plan and location of this institution.

Additional information in reference to the plan, terms, &c., and a circular, may be obtained by a letter addressed to

JOHN R. W. DUNBAR,

Dean of Medical Faculty.

S 18—tN

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

Digitized by Google

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct. 31—eptf

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

THE perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical* cure may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary.

References.—Amos Twitchell, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton. A14—

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery and on diseases of the eyes, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished.

Eighteen gentlemen have entered this school since its commencement in September last.

Boston, May 15, 1839.

Sam6m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOKER,
OLIVER W. HOLMES.

MEDICATED VAPOR BATHS.

PHYSICIANS are informed that they can have administered to their patients the Whitlow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, antacid, anti-hemorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gorriah, No. 14 Franklin Place, Boston.

Aug 21—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, NOVEMBER 6, 1839.

No. 13.

PULMONARY DISEASES IN THE WEST INDIES AND THE MEDITERRANEAN.

[SEVERAL statistical reports of the sickness and mortality among the British troops have recently been presented to Parliament, which contain matter of no ordinary interest. From an extended notice of these reports in the last No. of the British and Foreign Medical Review, we take the following extract.]

There is nothing more interesting in these Reports than the statistics of pulmonary diseases. They appear to us of great importance in reference to the etiology of these formidable maladies, by showing at least the error of certain views still prevailing on the subject, and by confirming, if they have not the merit of originating, more correct opinions. After a table showing the number of admissions and deaths from this class of diseases, in the Windward and Leeward Command, Major Tulloch remarks: "Though the proportion of admissions by this class of diseases is lower than among troops in the United Kingdom, in the proportion of 115 to 148, the ratio of mortality is much higher, as nearly 10½ per thousand of the strength have been cut off annually; whereas, in Britain, the deaths from the same class of diseases do not average, at the utmost, more than 8½ per thousand. This arises from the greater prevalence of consumption, for out of an aggregate strength of 86,661 serving in the Windward and Leeward Command, not fewer than 1,023 were attacked by that fatal disease, being 12 per thousand annually, whilst out of an aggregate strength of 44,611 dragoon-guards and dragoons serving in Great Britain, only 296 were attacked, being about 5½ per thousand." "Not only," he adds, "is consumption productive of great mortality in this command, but inflammation of the lungs and chronic catarrh are nearly twice as prevalent and twice as fatal as among troops in Britain, thus showing how little effect a mere increase of temperature has in modifying these diseases." (*West India Report*, p. 8.) Major Tulloch might have extended his remarks to uniformity of temperature; for this great mortality from consumption and inflammation of the pulmonary organs has taken place in a command where the greatest annual range in the thermometer is 13 degrees, and in some parts of which it is only 4 degrees.

In Barbadoes the mortality from diseases of the lungs is considerably above the very high average of the command, being 15.8 per thousand annually of the white, and 18.7 per thousand of the black troops. It

may not be amiss to remark that, whilst this report shows the general rate of mortality from fever to be considerably lower among the negroes than the whites, the former are found to suffer in a much greater proportion from consumption and other diseases of the lungs. In Jamaica pulmonary diseases are by one third less prevalent, and one third less fatal than in the Windward and Leeward Command. The mortality from them is estimated in the Report at 7.5 per thousand annually. The author remarks that, exclusive of those invalided on account of these diseases in the island, and who died in their passage home or shortly after their arrival, this class of diseases has produced almost the same annual ratio of mortality as among the dragoon-guards and dragoons in the United Kingdom on the average of the last seven years. Consumption is, however, much more prevalent in Jamaica than Britain; for, whilst in that island 13 per thousand of the whole force have been annually treated for this disease, at home those who have undergone treatment on account of it have amounted only to 5 and 6 per thousand annually, although the period over which the latter observations extend includes two severe epidemics of influenza, which probably laid the foundation of more cases of this disease than usually occur in this country. The author adds:

"That this fact is the more remarkable, as in Jamaica catarrhal affections are not one half so common as in Britain. Out of an aggregate strength of 51,567, there occurred but 2,809 cases, including both acute and chronic, or 65 per thousand of the strength annually; whereas, in this country, out of an aggregate strength of 44,611, no less than 5,462 cases are recorded, or 122 per thousand annually. Inflammation of the lungs is still more rare. The baneful influence of the climate of the West Indies in accelerating the progress of consumption has long been remarked by medical authorities; but it does not seem to have occurred to them, nor indeed had they any means of ascertaining, that twice as many cases originate in that climate as at home, though those catarrhal affections to which they are generally attributed are there comparatively so rare."—*West India Report*, p. 47.

We find, then, in Jamaica, with a high temperature, that catarrh and inflammation of the lungs are rare, whilst consumption is twice as frequent as in Britain. The confirmation this affords of the opinion of Louis, and its refutation of that of Broussais, are too evident to require to be indicated. These statistical details have an important bearing, too, on an opinion promulgated by the late Dr. Wells, that there was a natural antagonism between diseases, the product of marshy effluvia and consumption—that the one excluded the other. In the West Indies, however, we see the prevalence of the two diseases, supposed to exclude each other, coinciding.

The portion of the reports from the Mediterranean bearing on the same subject, contains much interesting matter. At Gibraltar we find that the deaths from diseases of the lungs in general amount to 5.3 per thousand of the average force, whilst the mortality from consumption alone amounts to 3.5 per thousand. Major Tulloch presents us with the following commentary on the return:

"The ratio of admissions by this class of diseases is to that in the United Kingdom as 141 to 148, the principal difference being that catarrhal affections are less frequent in Gibraltar, while inflammation of the lungs is much more so; the cases of the latter are, however, of a milder character, as only 1 in 45 died of those admitted into the hospital in Gibraltar, while 1 in 18 died of those admitted for the same cause among the dragoon-guards and dragoons in the United Kingdom. The total mortality by diseases of the lungs would appear to be less at this station than at home; but that, we apprehend, arises from many of the consumptive patients being invalided, who, if they die on their passage or after their arrival in England, are not included in the returns of the station where their diseases originated. That this is sufficient to account for the difference, may be supposed from the fact stated in the Medical Report for 1835, that during the 13 years previous the average number of deaths from consumption in Gibraltar was $12\frac{3}{8}$ annually, besides about 5 sent home laboring under the same disease, of whom few or none recovered."—*United Kingdom and Mediterranean Report*, p. 11, a.

The mortality from diseases of the lungs in Malta has been in the ratio of six per thousand during a period of twenty years. The author gives the following important commentary on the table containing the details :

"The climate of this island appears from the preceding results to be by no means favorable to persons predisposed to these diseases; the mortality is higher than in Gibraltar, and there is every reason to believe that, could we have taken into account the number invalided, and who died on the passage, it would have proved even higher than at home. It is somewhat remarkable that, in a climate where the thermometer never sinks to the freezing point, where the temperature at night is generally within a few degrees the same as during the day, and where those sudden transitions from heat to cold, to which this class of diseases is generally attributed in other countries, are extremely rare, the ratio of admissions should be only about one fifth less than in the United Kingdom. It may serve as a striking illustration how little influence the climate of Malta is likely to have in diminishing the tendency to consumption, that the proportion attacked by that disease among the troops there during the last seven years has averaged $6\frac{7}{10}$ per thousand of the strength annually, while in the United Kingdom, during the same period, the proportion attacked of the dragoon guards and dragoons was but $6\frac{1}{8}$ per thousand annually."—*United Kingdom and Mediterranean Report*, p. 24.

The author adds some remarks to show that the fatal influence of diseases of the lungs is not confined to the troops alone, but extends in a corresponding degree to the inhabitants. He refers to returns which prove that 6,664 deaths have occurred in 13 years from this class of diseases, constituting a mortality of 513 annually, which, upon an average population of 100,000 of all ages, is about $5\frac{1}{8}$ per thousand of the strength, being scarcely one per thousand less than among the troops, notwithstanding the night exposure of the latter in the course of their military duties. He adds that, though the climate of this island has

been supposed favorable to diseases of the lungs, its inhabitants appear to suffer from them nearly as much as those of high northern latitudes, for the returns of Sweden show that there were only 14,087 deaths from this class of diseases out of the whole population in one year, being in the ratio of $5\frac{8}{10}$ per thousand, or within a fraction the same as in Malta.

In the Ionian Islands, the deaths from all diseases of the lungs are 4.8 per thousand of the mean strength annually. Major Tulloch makes the following remarks on these numbers :

“Notwithstanding the variable character of the climate, the rapid alternations of temperature, and the tempestuous weather which frequently prevails in this command, diseases of the lungs are both less prevalent and less fatal than at Malta or Gibraltar: the admissions into hospitals being respectively at 90, 120 and 141, and the deaths as 4.8, 6.0 and 5.3 per thousand of the strength annually. The principal exemption in the Ionian Islands is from catarrhal affections, which are not half so prevalent or half so productive of mortality as in the other Mediterranean stations, or in the United Kingdom. Most of the deaths arise from consumption, but neither is the proportion attacked so high nor are the fatal cases so numerous as in Malta, where there exists a comparatively equable temperature, and that mild condition of the atmosphere which is supposed favorable to persons predisposed to that disease. In Malta, on the average of twenty years, about 6 per thousand of the troops have been attacked annually by consumption; and in Gibraltar and the United Kingdom, nearly the same ratio; while in the Ionian Islands only 5 per thousand have been attacked, and the deaths have been fewer in the same proportion.”—*United Kingdom and Mediterranean Report*, p. 35, a.

When we pursue the subject through the reports from British America, we observe the same discrepancy between ordinarily-received opinions and statistical facts as has been displayed in the results of observation in other quarters of the globe. In Bermudas, with great uniformity of climate, and an absence of those extremes of cold to which such diseases in northern latitudes are frequently ascribed, we find inflammation of the lungs and consumption decidedly prevalent, and the mortality from pulmonary diseases 8.7 per thousand annually, which is higher than among troops in the United Kingdom and the Mediterranean stations. In Nova Scotia and New Brunswick, with severe winters and sudden atmospherical vicissitudes, we find diseases of the lungs less prevalent than in the United Kingdom, in the proportion of 125 to 148, and less fatal in the proportion of 7.1 to 7.7. In Canada, distinguished for the severity of its winters, and so remarkable for sudden alternations of temperature that the thermometer has been known to fall at Quebec 70 degrees in 12 hours, the admissions for pulmonary disease are 148, and the deaths 6.7 per thousand, the latter being much lower than in the United Kingdom. Major Tulloch points out the following striking facts, which require no comment: at Bermuda, there have been attacked annually by consumption, of every thousand, 8.8; in Gibraltar, 6.5; and in Canada, 6.5.

Major Tulloch modestly observes, that his object in the Reports is rather to state effects than to speculate on causes. We admit that he has been more successful in the case of pulmonary diseases, in showing what are not their causes than what are ; but we feel, too, that in the state of our knowledge respecting these diseases, the former knowledge is a necessary and very important preliminary to the latter. One set of facts, however, in these Reports, has an important bearing on another. We find between the classes, officers and soldiers, the most perfect equality exists as to mortality from fever, whence the reasonable inference is, that the cause of fever is general—that it is in the climate. But in the case of bowel complaints and diseases of the lungs, there is the greatest discrepancy in the extent to which these classes are respectively affected. From the former disease, the soldiers suffered in comparison of the officers in the proportion of nine to one, where, for five days in the week, the diet of the soldiers consisted of salt provisions ; in colonies, on the other hand, where such provisions were issued to the troops only two days in the week, the mortality in the two ranks from these diseases approximates so closely as to be nearly on a par. Here is evidence almost demonstrative, which is further confirmed by the fact stated by Sir A. Haliday, that the fresh-meat rations, supplied to the soldiers at the request of Lord Howick, have effected a great diminution in the prevalence of bowel complaints. The relative prevalence and fatality of consumption in the two classes is very disproportionate ; for in the Windward and Leeward Command, the proportion of officers and men treated for the disease stands as 6 to 15 ; and in the Jamaica Command, as 4 to 15 ; whilst the deaths among officers are, in the former station, one fourth, and in the latter one fifth, of what occurs among the troops generally.

To what is this prodigious discrepancy to be attributed ? The author declines hazarding a positive opinion ; but he refers to the views of Sir James Clark (and we are happy to observe his respectable and respectful reference to the labors of this truly enlightened physician), that improper diet and impure air are the most certain exciting causes of consumption among those not hereditarily predisposed to it, and to the experiments cited by him, which have proved that tubercular affections may be induced in animals by confinement in close, humid places, and innutritious food. Major Tulloch deems it consequently not improbable that crowded barrack-rooms and a restriction to salt diet may, particularly in a tropical climate, produce a similar effect on the constitution of soldiers.

DR. SIGMOND ON THE USE OF TEA.

["**TEA ; its Effects, Medicinal and Moral,**" is the title of a work, just published in London, by G. G. Sigmond, M.D., Professor of *Materia Medica* to the Royal Medico-botanical Society. Copious extracts from it are given in a late No. of the London *Lancet*, the editor of which, however, does not fully coincide with the learned Professor in his encomiums upon this beverage. That our readers may be made acquainted

with the manner in which Dr. S. treats his subject, we give place in our pages to the following remarks, of the truth or falsehood of which, every reader is at liberty to form his own opinion.]

"Tea, as the morning beverage, when breakfast forms a good substantial meal, upon which the powers, for the day, of meeting the various chances and changes of life depend, provided it be not too strong, is much to be recommended; but when individuals eat little, coffee certainly supports them in a more decided manner; and, besides this, tea, without a certain quantity of solid aliment, is much more likely to influence the nervous system. Some persons, if they drink tea in the morning and coffee at night, suffer much in animal spirits and in power of enjoyment of the pleasures of society; but if they reverse the system, and take coffee in the morning and tea at night, they reap benefit from the change; for the coffee, which to them in the morning is nutrition, becomes a stimulus at night; and the tea, which acts as a diluent at night, gives nothing for support during the day. Nothing can be more injurious than the habit of taking spirits in tea; and this is a very seductive custom, which is followed by persons who complain that two or three hours after breakfast they feel, without their dram, an uncomfortable sinking at the stomach, a general depression, sometimes palpitation of the heart, and a sense of languor and incapability of moving the limbs, which renders them quite incapable of pursuing their daily avocations. A train of miserable symptoms, to which the term 'nervousness' is given, and which is most difficult to be described, attends this state, for which brandy or rum in the cup of tea is often permitted, in the dose of one or two teaspoons; this lays the foundation for dram-drinking, with all its pernicious consequences. An individual thus affected will do well to renounce tea altogether, and to substitute for it a beverage half coffee, half warm milk, and, if possible, to acquire the habit of taking a substantial breakfast, which alone can dissipate this symptom of uneasiness. As a simple and salutary diluent, no fluid is to be compared with the infusion of tea: although milk, milk-porridge, gruel, broth, cocoa, coffee, infusion of sage, of balm, of juniper berries, of aniseed, of fennel, of hay, of coriander, of betony, of rosemary, of ginger, and even sugar and water, have all had their advocates, and have all been tried, they none of them form so grateful and useful a diluent with the ordinary meal, and they none of them are so uniformly agreeable; and though there may be peculiar idiosyncrasies, with which it may not altogether agree, yet it is innocent beyond all other drinks with which we are acquainted."

"Tea is more particularly adapted for the ordinary beverage of young women; and the individual who, until the day of her marriage, has never tasted wine, or any fermented liquor, is the one who is most likely to preserve her own health, and to fulfil the great end of her existence, the handing down to posterity a strong and well-organized offspring, capable of adding to the improvement and the welfare of the community.

"There are some females upon whom green tea produces nearly the same effect as digitalis or foxglove; and it has been medicinally employed in the diseases for which that herb has so decidedly obtained a

high reputation. Desbois of Rochfort has, by the use of it, cured numerous nervous diseases which have arisen from accelerated circulation. Dr. Percival had an idea that green tea possessed nearly the same power as does digitalis, of controlling and abating the motion of the heart. It is a singular fact that there are several instances recorded in which green tea has restored regularity to a pulse which has been habitually intermittent; and it has often relieved the severe paroxysms which occur where water exists in the chest. In diseased lungs in young females it has been found of essential service; and even when consumption has made advances, when suppurative fever, attended with great restlessness and hurried circulation, has produced its highest excitement, green tea has been found to alleviate the worst symptoms. In these instances its action has much resembled the foxglove; in the gentler sex those palpitations for which this herb has been found valuable will derive relief from green tea. It forms an agreeable medium for aromatic spirits of ammonia; for hartshorn, in many states of nervousness and of hysteria. When the duration of what was supposed to be a slight cold is longer than usual; when the pulse varies in quickness at different periods of the day; when there is a slight cough, which is aggravated on going to bed; when the heart beats violently on going up or down stairs; when there is a slight difficulty of breathing in a horizontal position, and we observe the individual to be of delicate habits, and under twenty years of age, she must be watched with great tenderness and anxiety; her food must be closely investigated, and attention to diet enforced. Green tea is oftentimes highly to be recommended; but its administration must be watched. After marriage a diet of a different description is at various times necessary; then only that which is nourishing is to be sought for, and everything that can lower the general system must be avoided. Although wine has been, up to this period of life, proscribed, it may be now rationally and cautiously used; and that which of all others affords the greatest assistance to the frame is the wine of Champagne. Of this an occasional glass or two during the dinner is one of the most important means of imparting strength; for the venous system requires to be more than ordinarily carbonized. Neither during lactation, nor in the early period of childbearing, is tea the most desirable beverage; but at any other time it is useful, as determining to the surface of the skin, and acting as a gentle diluent, and imparting an agreeable sensation of warmth and comfort to the whole system, care always being taken that there be no exposure to cold after the evening meal, at which time there is a great susceptibility to morbid impression."

"That tea is the most agreeable and the most salutary diluent that has yet been introduced into Europe, would appear from the general improvement in the public health that has followed upon its use; and although many plants have been used as substitutes for tea, none have so long maintained their character. The common sage, the wild marjoram, the arctic bramble, the sloe tree, the goat weed, Mexican goosefoot, common speedwell, and wild germander, have been tried and abandoned. Chocolate has been found most serviceable to the low spirited,

to those who are emaciated, to those who suffer from hemorrhoids ; and there are certain states in which coffee may be preferred, but these ought not to be the sole drink of man. Fermented liquors, injudiciously taken, produce diseased stomachs and livers, consumption, dropsy, madness ; and the prudent man, who fears that he may be betrayed into excess, is perfectly right in shunning the means of mischief. But good wine is a good cordial, a fine stomachic ; taken at its proper season it invigorates mind and body, and gives life an additional charm. There can be found no substitutes for the fermented liquors, to sustain the mental and bodily labor which the artificial habits of society demand. Temperance and moderation are essential to happiness ; but a "total abstinence" is unwise. Increased capability of encountering the ever-varying agitation of life, is amongst the many good results which spring from a well-regulated diet, in which the alcoholic preparations bear their just proportion and adaptation.

"In a climate of great vicissitude, where mind and body are equally liable to depression, something beyond a mere diluent is required ; and it is better to acquire a regular habit of daily taking a sufficient quantity for their support, than that there should be occasional fits of excitement by the stimulus of drink, and then a consequent depression. When there is a great activity of mind during the winter months there is a necessity for a stimulus, which is hurtful during the summer. The port, the sherry, the ale, so proper at Christmas, and the cup of tea quickly following it, must be exchanged, in summer, for the claret, or hock, or the tea alone. The damp and uncertain states of the atmosphere of this country, independently of other considerations, point out the necessity of obtaining an artificial bodily heat. The glow and animation that follow upon a proper stimulus are serviceable to man, more particularly late in the day, when the nervous energy is somewhat exhausted ; for the same quantity of fluid, if taken at a time of the day when it is not required, will impair the health, and prevent the mind from exertion. It is not indiscriminate wine or beer drinking that is to be recommended, but a regular systematic beverage, at due intervals, and at proper times."

EXCISION OF THE UPPER JAW—FIRST TIME PERFORMED IN AMERICA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the Medical and Surgical Journal for October 16, you say, concerning the removal of the upper jaw, "This formidable operation was lately performed by Dr. Warren, of this city, *for the first time in the United States.*" This statement, Sir, contains an error which you will doubtless willingly correct. In the year 1824, Dr. David L. Rogers, of the city of New York (now Professor of Surgery of Geneva College), successfully removed the upper jaw for osteo-sarcoma. The details of the case, which was a most formidable one, may be found in the New York Medical and Physical Journal, Vol. III. page 309. It

is also alluded to in Cooper's Surgical Dictionary. Before this, small portions of bone had been removed from the upper jaw by various surgeons; but this was, I believe, the first time in the United States of what may, with propriety, be called "the removal of the upper jaw."

Two weeks ago Professor Rogers removed an adipose tumor from the axilla of a woman, in presence of the medical class, which measured twenty inches from its attachment to its base, and thirty inches in circumference at its widest part. It weighed 16 pounds 10 ounces. The patient has almost recovered.

Respectfully yours,

Geneva, N. Y., Oct. 22, 1839.

ANDREW BOARDMAN.

INFLAMMATION OF THE BRAIN.

[Communicated for the Boston Medical and Surgical Journal.]

In the summer of 1837, in the treatment of a case of inflammation of the brain (a young man of full and plethoric habit, evidently constitutionally predisposed, having lost two brothers of the same disease, each of whom died very near that period of life at which he had arrived), I felt strongly impressed with the necessity of keeping the head in a somewhat elevated position, in order, as Dr. Eberle says, to "favor the return of the blood from the inflamed structure by the veins, and impede, in some degree, the access of the blood by the arteries, in consequence of the additional resistance offered by the gravity of the blood to the propulsive efforts of the heart."

I supposed an elevated position of the head would not only be for the benefit of my patient, but add very much to his comfort. But in this I was not a little disappointed—he never would suffer his head to be elevated above the natural position of sleep in health, without complaining of increased pain in it; but thinking it would be better for him, I repeatedly advised him to maintain an elevation of the head to a considerable degree. But he as often repeated his complaint; till at length his importunities were so urgent, I consented to allow him the most quiet posture his restless bed would afford; and he soon put himself in an attitude, apparently, to enjoy quiet natural repose.

On examining the patient, while the head and shoulders were a little raised, I found the pulsations of the heart much increased in strength, and I believe in frequency; which seemed to account for the increased pain in the head. The thought then occurred to me, that the gravity of the blood of the ascending aorta, supposed to suppress, or diminish, the "propulsive efforts of the heart," might require the heart to act, if not with increased motion, with greater strength and violence, and thus convey a stronger throb or pulsation to the brain, which can but augment the pain of the head, and more than counterbalance the good effects of favoring the return of the blood in the veins.

My object in submitting the facts of the above case, is to obtain some information explanatory of the cause of the increased pain in the head, on being raised; and not to claim for the accompanying suggestion, a philosophic principle or a physiological fact. I have more recently

treated a case of the same disease, with similar symptoms, although not so decisive.

Wolfeborough, N. H., Oct. 18, 1839.

Yours, &c.

J. F. HALL.

THE LOUISVILLE MEDICAL INSTITUTE AND DR. DRAKE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have this moment seen your number of the 25th ult., in which is announced, what you suppose must have been “much to the surprise of the profession of the West,” the appointment of Daniel Drake, M.D., of Cincinnati, to the chair of Clinical Medicine and Pathological Anatomy in the Medical Institute of this city: and in the sequel of this announcement a smothered insinuation is indulged in, that an understanding existed on this head, between Dr. Drake and this Institution, before the resignation of his chair in the Medical Department of Cincinnati College.

As these insinuations do no credit to the Louisville Institute, and are discreditable to Dr. Drake, you will please permit me to repel them by a statement of facts. Being the Dean of this school, and the exclusive organ of communication between my colleagues and Dr. Drake, I may be supposed to know something of the circumstances connected with his appointment.

Of the reasons which led to Dr. Drake's resignation of the chair which he recently held in the Cincinnati College, I pretend to know nothing more than what is very sufficiently set forth in that “interesting letter,” as you are pleased to term it, to the chairman, Mr. Morris. Suffice it for my present purpose to say, that his letter of resignation is dated the 27th of August—that the Board of Trustees, having previously vacated all the chairs, formally suspended the operations of the school on the same day (the 27th)—that intelligence of these events reached us, for the first time, through the public prints, in a day or two after their occurrence; and that on the 31st of August, at the instance of my colleagues, I visited Cincinnati, where I held a conference with Dr. Drake on the subject of his connection with the Louisville Institute, into which he was unanimously elected on the 7th of September. I state, moreover, as my sincere conviction, that neither Dr. Drake, nor any of his friends, had held any intercourse or correspondence with any member or friend of the Louisville Institute, in relation to his becoming a member of it, previously to my interview with him, on the last of August; nor do I believe that any idea of the kind had been entertained by him before that hour.

So far from its being a matter “of surprise to the profession at the West,” that Dr. Drake should be elected to a place in the Louisville Medical Institute, it must have been anticipated by all who were acquainted with the deep interest taken by the citizens of Louisville in the success of their medical school, the munificent appropriations made to it by the City Council, the vigilant supervision of its interests by the Board of Managers, and the pre-eminent qualifications of Dr. Drake as a teacher,

that so fortunate an opportunity of adding to its attractions would not have been lost to the Institute. The circumstance can only have been a matter of surprise and alarm to its enemies.

Very respectfully, Sir, I am yours, &c.
Louisville, Ky., Oct. 16, 1839.

C. W. SHORT, M.D.
Dean of the Faculty.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 6, 1839.

A TREATISE ON THE DISEASES OF INFANTS.

DR. STEWART'S translation of the invaluable work of Billard, on the diseases of infants, founded on recent clinical observations and investigations in pathological anatomy, needs only to be examined, even but partially, to convince the reader that the practitioners of the United States are greatly indebted to the translator for putting them in possession of this excellent production of an eminent Parisian physician. We assure Mr. Adlard, the publisher, that his press has repeatedly laid us under obligations for some of the very best medical books of the age. We fully acknowledge the satisfaction derived from one week's use of this very able volume, which has been read under the disadvantages of frequent interruptions and editorial annoyances, which those only can understand, who are similarly situated in regard to new publications. Still, the examination is not completed. There are writings which can be fathomed by a single peep at the leaves; but in this case, there is no such thing as slighting a paragraph—a fixed attention seems to be demanded at the onset, and one feels that he is improving as he progresses from chapter to chapter.

A few days since, the republication of the *Principles of the Theory and Practice of Medicine* by Marshall Hall, with the rich additions of Drs. Bigelow and Holmes, was hailed with delight; and before it has been placed upon the library shelf, another tome, equally meritorious and indispensable, is ushered along—and thus we are put in possession, day by day, of some of the best specimens of medical literature of the age.

A growing taste is manifested towards the French school of medicine. Though once considered the most frivolous people in christendom, the learned of France are now the profoundest of men. The accuracy of their observations, particularly in surgery, and the carefulness and patience of their clinical practitioners, have won for them the confidence, and, indeed, the admiration of those devoted to the same philanthropic pursuits throughout the world. We are too much engaged here to write books; the practice of the mere physician is too laborious to allow of his contributing much to the stock of medical knowledge, even in the relation of cases; and hence those who place upon our tables the researches of the great masters abroad, confer a favor not to be forgotten by those who are to be so essentially benefited.

Dr. Reese's Introductory Lecture.—Dr. Reese is the Professor of Theory and Practice in the Albany Medical College. A committee of the class

requested a copy of his introductory lecture for publication, which was a wise measure, as it evinces their appreciation of the value of the discourse. The doctor trims up medical impostors with a degree of severity that excites our admiration, and shows what must be done by those who have an interest in the character of the profession, to make it as honorable and philanthropic as it should be. He strikes at the root of an evil in public teachers, of incalculable injury to the progress of science, viz., "obscure technicalities, neologisms, and unintelligible mysticisms, so that their pupils have been in need of a vocabulary of jaw-breakers, even while listening to a lecture." We shall watch the progress of a man who has the independence to speak thus boldly from his official chair, and hope strongly for the reformation that he shows so clearly necessary.

Dr. Bedford's Introductory.—This, too, was delivered in the Albany Medical College, at the opening of the lecture season, and a very satisfactory performance it must have been to the audience, whether wholly made up of medical men or not. The reputation which Dr. Bedford carried with him from New York, will have a powerful influence upon the destiny of the institution which was so fortunate as to secure his services. Were it practicable for us to re-print but a part of the lecture, we feel quite sure that our readers would peruse it with emotions of pleasure. If there is any part of it objectionable, the historical portions would be selected—not because they are incorrect or burdensome, but principally on account of the more intrinsically valuable matter which the author had it in his power to introduce into the same pages. In the age in which we live, there is so much that is new in medicine, and of such sterling consequence to those who minister to the sick, that those who are best qualified to instruct should remember that they are under an obligation to the community to teach, first, whatever is essential to the practical usefulness of the professional aspirant.

Vermont Academy of Medicine.—We have heard that the Trustees have so far succeeded in reorganizing the Faculty of the Vermont Academy of Medicine, as to insure the commencement of lectures at Castleton the ensuing spring. This school, which was for many years the resort of respectable classes of medical students, has, from some unfortunate circumstances, suspended instruction the two past years. It will go into operation with a faculty new throughout, whose standing in the profession and as teachers of medicine, promise to secure the objects of the students, and a proper share of public patronage.

Extraction of a Needle.—A young married woman, of this city, who had been under medical treatment for several years for sciatica, by some physicians, and for rheumatism by others, was, on Monday, October 28th, effectually cured by the removal of a whole needle an inch and a half in length, which was found deeply imbedded in the great gluteal muscle. It was not known how long the needle had been in the body, but she remembers to have swallowed one about ten years since, and has suffered acutely in that region for six.

Chase's Abdominal Supporter.—Dr. Heber Chase has constructed an abdominal supporter on a novel plan, which promises to be highly useful

in giving support to the lower part of the abdomen, without producing the severe compression of the cavity that results from the use of supporters made like corsets, many of which are now extensively employed, though they are found to impede the freedom of motion and respiration in patients of both sexes, and to increase the descent of the uterus in cases of prolapsus. This instrument enjoys great advantages over those constructed with an ordinary truss-spring and strap surrounding the pelvis; being more firmly fixed in its position, as well as more comfortable to the patient.

This instrument consists of a metallic plate, fitted accurately to the form of the hypogastric region, and well padded—having attached thereto, by means of sliding movements like those of the inguinal truss invented by the same surgeon, two curved, elastic steel springs, which pass upward obliquely, running over the cristæ of the ilia; they then descend toward the sacro-iliac symphysis and terminate in two small pads, one of which rests on each sacro-iliac articulation.

When applied, the whole pressure is sustained by the anterior and the two posterior pads, and the springs suspend the weight of the apparatus on the cristæ of the ilia, thus acting as a supporter rather than a compressor.

Knobs are appended to the anterior and posterior pads, by means of which, thigh or perineal straps may be attached, and this arrangement will tend to facilitate the application of pressure in the groin or on the perineum or nates, in cases where it is extremely difficult to apply dressings or afford pressure with accuracy by any ordinary means.

M. Roux's Experience in Fissured Palate.—Previous to the introduction of a patient into the theatre, who was to undergo the operation of staphyloraphy, M. Roux said that he had been successful in these cases in the proportion of three to four, when there was no fissure of the hard palate; whereas, when this last deficiency was present, as well as a fissure in the soft palate, his success was diminished to one in four. The case which he had intended to operate upon was one in which the operation of hare-lip had been long since performed. He was obliged to give up his intention, as he could not get at the parts with ease, on account of the difficulty which the young man had in opening widely his mouth, and also his not being able to maintain his tongue in the required position.—*Lancet*.

Peculiar trembling of the Hand while Writing.—Many German writers have recorded histories of diseases among individuals who could accomplish with their fingers the most delicate operations; for example, threading a needle, making pens, shaving, &c., without the least difficulty, who, nevertheless, when they have tried to write, were seized with so great a trembling of the hand that they could not form, distinctly, a single letter. The agitation ceases as soon as the pen is laid down. Until the present time subjects of this affliction have not been mentioned under a certain age, the youngest being 27. For the first time, a case, cited by Mr. Heyfelder, in the "*Medicin. Annalen*" (Part 4, Vol. IV.), is recorded in a child 11 years old. The affection has hitherto resisted every attempt at remedy, and authors are not agreed as to its immediate cause.—*Ibid*.

Moral Treatment of the Insane.—M. Leuret has recently combatted the erroneous notions of certain insane patients, by the argument of the

douche, and, he says, with great success. If the patient contends that he is Napoleon, for instance, he is threatened with the douche; if he perseveres, he is subjected to the punishment until he acknowledges his error! We may be induced to publish M. Leuret's cases and observations in an early number. They are given in two works, the first of which is a distinct volume, entitled "*Fragmens Psychologiques sur la Folie*"; the second a recent memoir read before the Academie de Médecine.—*Ibid.*

Style of the Ancient English Physicians.—As they usually belonged to the church, in the age of Linacre, Caius, Mayerne, Hervey, and Bidloo, they preserved and indeed maintained some of the peculiar ecclesiastical pomp of those times. A gold-headed cane, a golden chain, a huge wig, and a large, flowing, blood-red robe, added wonderfully to the self-importance of the proud and haughty wearer; and then the exhibition of such imposing state had the desired effect on the gazing people, wherever the doctor moved. Henry IV. granted Helia Sabbat, a Jew and doctor of medicine, letters patent, allowing him to travel with ten esquires through his majesty's dominions.

In the time of the well-known plague of London, the chronicle thus presents a lively picture of the mode in which medical practitioners appeared in the ordinary routine of business. "For thither within this two hours I did see Master Toocrump, (*medicus*) solemnly ridying upon his mule with a side goun, a great chain of golde about his necke, his apothecary Crispinus—a neighbor's child borne hereby in Barbarie, and his little Lackey, a proper young apple squire, called Pandarus, which carrieth the keye of his chamber with him. These are all gone in at the gates to that noble Italian."

Dr. Simon Fox, son of the martyrologist, and Dr. Argent, were the last presidents of the College of Physicians who rode on horseback to visit patients. The English, like the French surgeons, wore gowns. The artifices of costume, still retained by the lawyers of England as well as the clergy, were laid aside by the medical profession, when it was ascertained that it was unnecessary to address the vulgar astonishment of mankind, in order to procure a livelihood.

On looking back to 1642, it is seen that Dr. Winston, "*a son of a carpenter*," had accumulated an estate of 500*l.* a year, and was esteemed an especial benefactor of the College, because he upheld the dignity of the faculty against the apothecaries. He used but one himself, and treated him as a servant—*heriliter imperavit*. In 1703, the College brought an action against William Rose, an apothecary, for visiting a patient, and sending him several parcels of physic, "*as proper for his distemper, without any fee for advice*." The Court decided that the act was practising physic, but this judgment was reversed in the House of Lords.

Syrup of Copaiba.—Mouchon recommends a syrup as a good form of giving copaiba. Four ounces of the purest copaiba are to be rubbed in a marble mortar with thirty-two grains of calcined magnesia, till perfect union takes place; sixty-four drops of oil of peppermint and sixty-two ounces of simple syrup are then to be added with continual stirring, until a homogeneous syrup is produced, which is to stand for twenty-four hours, and then be poured into bottles. Or, four ounces of the balsam may be

made into an emulsion, with two ounces of gum arabic in two ounces of water; and this may then be mixed with the oil of peppermint and the simple syrup.—*Jour. de Pharm. du Midi.*

Medical Miscellany.—A new edition of Dr. Mussey's essay on the influence of tobacco upon life and health, has appeared from the press of Perkins & Marvin, of this city.—Smallpox has appeared at Thomaston, Me.—A snake with a head at each extremity, having the power of running either way, as occasion might require, has been killed at the South. The late Dr. Mitchell, of New York, gave the result of some curious observations, made by himself, on one or two serpents, thus singularly organized.—Dr. Scott, of New Orleans, on the 15th, was arrested on suspicion of having fired his own house.—Yellow fever no longer exists in Havana, say the latest advices.—There were 589 deaths in New Orleans from fever in the month of September.—At Mobile the epidemic is on the increase again.—From Oct. 19th to the 26th, there were 144 deaths in New York.—Augusta, Geo., is still afflicted with yellow fever, which has maintained a terrific character in that region the present year. A few cases have also appeared at Harrisburg, a small village on the opposite side of the river.—All vessels arriving at Oratavia (islands), between the 1st of July and 1st of Nov., from the United States and Gulf of Mexico, are obliged to perform quarantine at Santa Cruz, of from fifteen to eighteen days.—On board the U. S. Frigate Columbia, Commodore Read, as many as 29 deaths from smallpox and dysentery had occurred since she left Hampton Roads for the East Indies. Also several deaths in the Adams. Eight of the crew of the Columbia died at Singapore, and were buried in a nutmeg grove.—As a proof of the health of the South, with the exception of imported fever, take Columbia, South Carolina, where there have been but 26 deaths (three only of which were of fever) from April 1 to Oct. 1, 1839, *i. e. six months!*

TO CORRESPONDENTS.—We shall endeavor to commence Dr. Durkee's essay on Scrofula next week.—Other papers, some of which have been long deferred, will be inserted after the conclusion of Dr. D.'s.

DIED.—At Concord, Mass., Hon. Abiel Heywood, M.D.—At Springfield, Ms., Lemuel W. Belden, M.D., 38, author of the history of Jane Rider's case of Somnambulism, which created so great an interest a few years ago.

Whole number of deaths in Boston for the week ending Nov. 2, 32. Males, 20—females, 12.

Of consumption, 10—liver complaint, 1—lung fever, 2—typhous fever, 3—marasmus, 1—child-bed, 1—colic, 1—inflammation of the brain, 1—fever, 1—croup, 2—canker, 1—old age, 1—smallpox, 2—scarlet fever, 1—hooping cough, 1—burn, 1—stillborn, 2.

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D. Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

TO PHYSICIANS.

A PHYSICIAN who has practised in the place 19 years, and which is within two hours ride of Boston, being desirous of changing his business, offers his stand on such favorable terms as to give a very fine opportunity for a physician to establish himself in practice. Inquire at this office; if by mail, post paid.
\$ 18—15

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—fr

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 31—eptf

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

FOR the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Vento-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from \$1.50 to \$4.00, according to size and finish. To physicians those of men's sizes will be sold at \$2, \$2.25, \$2.50, \$2.75, and \$3.00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 31—

M. R. FLETCHER.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—eoply

WILLIAM BROWN.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, NOVEMBER 13, 1839.

No. 14.

REMARKS ON SCROFULA.

BY SILAS DURKEE, M.D., OF LYNN.

[Communicated for the Boston Medical and Surgical Journal.]

"Cuncta a me enunciata in re tam tenebrosa sapientium judicio submitto; non enim ut firma omnimodo, et penitus demonstrata, quæ scripsi habeo, sed aliquam fortasse lucem afferre posse optior; mihi æquegratum erit si a me prolata, alienis laboribus confirmata, vel evidenter refutata erunt."

In entering upon an investigation of the subject before me, I find my lot cast upon the *terra incognita* of the map of pathological science. Whether studied as a curiosity or as a mystery, the disease in question opens an interesting field to the mind of the medical philosopher. Its insidious blight is everywhere seen, although it especially delights to revel in the arms of beauty, and to luxuriate with indiscriminate wantonness amid the fairest and loveliest of our race; yet in regard to its essence, the most patient and erudite labors have proved as unavailing as the researches after the philosopher's stone. The very nature of the malady seems to close the door against the possibility of direct and unequivocal proof; and in the present state of our knowledge, theories, arguments and illustrations can only approximate to the truth.

The characteristics of scrofula are these: The skin is always thin and smooth, the complexion various. The blood that spreads such a delicate mantle on the cheek of the fair damsel is regarded by the non-professional observer as a mark of health and beauty, while the physician views it as an evidence of constitutional feebleness and the harbinger of early decay. This delicacy of integument occasions the cloudiness beneath the eye, produced in such habits by slight indisposition, and dependent on remora in the minute veins; the upper lip and columna nasi are thick, because the blood is retained in this vascular tissue; the skin shows the same vascularity in the tarsal glands; the eye-lids droop, and impart to the countenance a pensive but interesting appearance; the pupils are dilated, and the conjunctiva clear and remarkably free from bloodvessels; the head is large, and protuberant at the occiput; the neck short, the lower jaw thick and fleshy; the abdomen prominent; the cuticle desquamates from a blast of cold air, and parches and cracks from the influence of the summer's sun; vicissitudes of cold and heat excite irritation of the cutis, and its absorbents readily inflame; the fingers are tapering; the chest contracted, and the shoulders projecting; the muscles soft and relaxed. The whole exterior betrays a want of energy in the physical constitution, while the mental endowments are

often acute and vivacious. Such are the more prominent outward peculiarities, which, collectively, constitute what is termed the scrofulous diathesis. If we look to the interior, we discover the same delicacy of structure and flimsiness of fabric pervading its component parts. The stomach and intestines are pellucid, and the digestion imperfect; the evolution of animal heat is rarely energetic; the parietes of the heart are less muscular than usual, and the circulation is feeble; the coats of the arteries are so thin that the scarlet blood is distinctly seen through them; in the last acts of life they do not empty themselves as in ordinary circumstances, and their deficient tone brings additional weakness upon the circulation. The veins and absorbents are involved in the same feebleness, at least the latter, and hence their glands are liable to diseased action.

It is a prominent feature in the medical writers of the present day to assign a particular and circumscribed habitation for every malady—to construct a sort of phrenological pathology, that shall fit not only the head, but every tissue and ramification of fibre with the utmost exactness. This mode of investigation is by no means without its benefits; for where it can be successfully prosecuted, it is likely to suggest the most efficacious system of practice, and thus enable the physician to lay the axe at the root of the evil he is called upon to remove. But this local study of diseases should not divert our attention from their general phenomena, nor lead us to overlook that mutual and close dependence between the various parts of the body—that continual circle of action and reaction, both in health and disease—that intimacy of connection and harmonious consent of functions, by which the living machine is composed into one perfect whole. In regard to the localization of scrofula, a discrepancy prevails among pathologists. Some suppose that it is peculiar to the lymphatic system, and confined to that alone—and that, other things being equal, it prevails in an individual organ or tissue in proportion as lymphatics constitute a part of their structure. Others contend that its province embraces the entire system, without regard to structure. These rival opinions have been tossed to and fro, like a pendulum, by the arguments adduced by their respective partizans; but thus far every attempt to search for the exact tissue in which this hydra-headed disease, in its multifarious forms, is seated, has proved as abortive as the study employed to find out the ultimate fibre of muscle, or the ultimate globule of the brain. Truth is here so inscrutable and remote—is environed by so many inherent difficulties—that it cannot be brought to bear with sufficient clearness to produce unanimity of sentiment until more light is cast upon it.

The lymphatic glands, especially the mesenteric and cervical, are more frequently the seat of scrofula than any other parts of the body; next to these, the lungs, the spongy portions of the bones, and the structures connected with the joints; but no tissue is entirely exempt. Whether this is in consequence of the presence of a lymphatic apparatus of some kind, we know not. Lymphatic vessels have never been satisfactorily demonstrated in the brain, spinal marrow, eye, &c., but this does not afford proof that they do not exist there; it may be an evi-

dence, merely, that their minuteness prevents anatomical discovery ; and whether we admit the existence of lymphatic vessels in every organization or not, it does not follow that the disease cannot overleap their bounds. "It is not unusual," says Baillie, "to find a substance formed in the brain, of a uniform white texture, and possessing a considerable degree of hardness. The brain adheres to this substance, and round its edges often appears harder than usual. The substance is scrofulous, for I have had an opportunity of seeing it converted into scrofulous pus." Louis, Andral, Broussais, &c., have found the brain studded with tubercles which had a lymphatic origin.

This disease, or rather congeries of diseases, often evinces a disposition to restrict itself to some particular part in which the lymphatics are numerous, and would seem to be confined within its limits by some salutary cordon ; then, again, a morbid action or deposit, known to be scrofulous, shows itself in some quarter where anatomists have never detected lymphatic vessels.

Scrofula is connected with debility of the vascular system and of the *vis vitæ*—is of a low inflammatory nature, and is confined to no one organ, tissue or temperament. It may be either hereditary, or produced by causes independent of progenitive agency. The evidence of its communicability from parent to child is unequivocal, and it is needless to offer arguments or cite cases in testimony of the fact. One instance, however, of this inherited infirmity may not be out of place. The father of Dr. Johnson was a man of large, robust body, and of a strong, active mind ; yet as in the solid rocks, veins of unsound substance are often discovered, there was in him a mixture of that disease, the nature of which eludes the most minute inquiry, though the effects are well known to be a weariness of life, an unconcern about those things which agitate the greater part of mankind, and a general sensation of gloomy wretchedness. From him the son inherited, with other qualities, "a vile melancholy, which made him mad all his days, at least not sober." The disease of scrofula, under which he suffered in early life, so much as to have his countenance disfigured, and to lose the sight of one of his eyes, was a part of his inheritance, and the direct consequence of his peculiar bodily frame. In him were seen that precocity of intellect and facility of attainment which are so commonly associated with the disease.*

As children resemble their parents in general conformation and the development of peculiar features, we may suppose a like resemblance to exist in minute structure, imparting to it an individuality, subject to similar idiosyncrasies and derangements. Not only is a propensity to scrofulous disease communicable from parent to child, but the malady itself, like the syphilitic virus, may be substantially implanted, and the *foetus* in utero may be as much diseased as the mother who bears it. Tubercles have been detected in the lungs of the unborn child, and it is not impossible that scrofula, existing in some of its modifications as an idiopathic affection in the *foetus*, may occasion its death and premature expulsion. The *modus operandi* of the law which presides over this hereditary taint is a problem we cannot solve. If the disease, when

* Boswell's Life of Johnson.

hereditary, were always derived from the maternal source, we might better comprehend the mystery, inasmuch as during the period of fetal life the mother furnishes the supply for the growth of the embryo; but the child is equally liable to receive the taint from the father, who can exert no more agency over its organization, than over the chick in ovo.

The strumous diathesis may be ingenerate and original in the constitution without ancestral inheritance; for the same agencies, which were sufficient to produce it in the first instance, may give rise to it in others. Whatever is calculated to impair the healthy tone of the system, may lay the foundation of the disease. I have now under my care a young man afflicted with scrofula, and in whom no hereditary taint can be traced. He has, until recently, led a sea-faring life. His complexion is dark. He is one of five children belonging to the same family, none of whom ever exhibited any signs of the complaint; nor yet the parents. This patient's legs have been covered at times with large crops of scrofulous ulcers, during the last four or five years. My knowledge of his habits satisfies me that the disease is chargeable to them. Another case is that of a female, who from childhood was the object of fond parental regard; and while no means were unemployed for the cultivation of her mind, her physical education was comparatively neglected, and, as a consequence, her constitution, naturally slender, has been greatly undermined. For several years she was kept at a crowded boarding school, where little regard was had to pure air, exercise and diet. Her digestive powers first became enfeebled, which in time led to a train of symptoms of uncommon obstinacy, such as constipation, abdominal tumefaction and glandular enlargements. I have long been acquainted with the family of which this young woman is a member, and have no reason to suppose that the scrofulous affections, under which she suffers, are attributable to hereditary predisposition. The health-destroying agencies to which she was subjected in early years, operating slowly and insidiously, afford an explanation of all that appertains to her case, so far as causes are concerned.

It is a matter of medical history, made certain by the investigations of Alison, that scrofula prevails to a greater extent in large towns and cities than in the open country.* What is the reason of this difference? Certainly not because a higher per cent. of hereditary predisposition exists among the same number of inhabitants in one district rather than another, but because of the artificial modes of life incident to the abodes of city residents. Causes dissimilar in kind, but the same in effect, are continually at work among the operatives of extensive manufactories; and hence the prevalence of the disease in these establishments. It were idle to dwell on these causes at length. Every practical man in the profession is familiar with them; and is often compelled to contend with their influence in his efforts to conquer the disease. Take, for instance, an enlargement of the lymphatic glands in the first stage. If the patient live in a close, contaminated atmosphere, and on meagre or unwholesome fare of any description, or if he be under the influence of any cause calculated to bring debility upon the system, every exertion

* *Transac. Edin. Chir. Society, Vol. III.*

to benefit him will prove nugatory. Judicious hygienic measures constitute the sheet anchor in the case; and it may be laid down as a correct proposition, that those causes which interrupt the cure will produce the disorder.

Scrofula has many features which bring it into near alliance with scurvy. In the latter there is a morbid condition of the fluids, produced by a defective chemical composition of the constituents of the blood. What the essential cause of this derangement consists in, is, in the limited state of our knowledge of the ultimate laws of animal chemistry, difficult to determine. We do not yet understand the chemical nature of that portion of our food, which constitutes the true aliment; but whatever this may be, it is certain that scurvy arises from imperfect nutrition, produced by any cause that prevents the assimilation of food, and the renovation of the sanguineous fluid by a constant supply of healthy chyle. This hypothesis is applicable to scrofula, and hence our opinion that derangement in the associate organs of digestion is one of the most frequent and efficient causes in its production. The digestive apparatus is the grand laboratory for preparing the materials for the support of the animal economy; and if the digestive powers are subjected to the influence of causes, which serve to debilitate them and disturb their proper functions, the process of chylication, being a part of their work, will be partially executed. The blood will consequently be deteriorated in its properties—will be less nutritious—less capable of sustaining and stimulating the general organization, and the vital forces will be depressed. In the disease in question, the specific alteration of the blood consists in too small a proportion of fibrinous matter, and a redundancy of albumen, whereby it is rendered incompetent to furnish the requisite supply of nutritive molecules to the various tissues, and maintain in them those impressions which it is its province to sustain. When the circulating current, thus impaired, enters a bone or other tissue, the nutritive vessels, whose office it is to select and appropriate such particles as are proper for the nourishment of the part, must necessarily imbibe a morbid principle, and the part can no longer be said to be in a state of perfect integrity. This lesion of the blood may hardly be appreciable at first, creating simply a liability in the system to assume scrofulous action; and if prophylactic measures, addressed chiefly with a view to improve the digestive organs, be early employed, the predisposition may be neutralized and the disseminated germ destroyed. On the other hand, if the lesion be not repaired, there will be a gradual accession of the prejudicial matter, greater or less in the several tissues according to their susceptibility to be affected by this particular condition of the blood—and either with or without the intervention of any adjunct cause, a series of functional and organic derangements will be set up in the system, and a manifestation of some of the forms of scrofula will be the result.

If by reason of impure air, bad food, or imperfect digestion, the blood is degenerated and unfit for adequate nutrition, the organs most essential to life will often suffer to a fatal extent. So true is this fact, that in the lower animals strumous affections in the lungs, mesentery, &c. can be

produced to almost any amount by withholding a sufficiency of food, or by allowing them that which is too rich. Quadrupeds and birds, transferred from their wild state and confined in menageries, where the atmosphere is contaminated and their food too concentrated in form, frequently droop and die with lymphatic engorgements. The same causes produce like effects in the human subject. In large towns the children of the poor suffer for lack of healthy sustenance, while those of the opulent are overfed with all the varieties which the genius of cookery can invent. They also live amid other circumstances calculated to render their constitutions feeble and apathic; and as the lymphatic system predominates at this age to a greater extent than at any other period, the unfavorable influence of these circumstances appears, first, in the lymphatic glands. Scrofula is a rare disease among butchers; and the reason is because this class live on a due admixture of vegetable and animal food, and pursue an active life in the open air. Of all artisans in this country, shoemakers are most liable to be attacked with scrofula from artificial causes. The apartments in which they labor are small and usually crowded; the temperature is raised to an unhealthy degree, and the confined atmosphere largely impregnated with human effluvia and the smoke of lamps and tobacco, as well as with the specific exhalation arising from the material manufactured. Their attitude, in leaning with the head depressed for twelve or fourteen hours a day, and the pressure of the shoes against the sternum, occasion a permanent deformity of the chest and crookedness of the spinal column. These causes induce torpidity in the functions of the stomach and intestinal canal, and the whole digestive apparatus is deranged; the sanguineous fluid is deprived, its circulation indolent, and the powers of assimilation blunted—the muscles flaccid, the countenance pale and sickly, and the whole constitution atonic.

If the process of digestion be incomplete, the quality of the chyle, and consequently that of the blood, will be impaired. In this deteriorated state it travels its destined circuit, and its influence is impressed upon every tissue; but containing too small a proportion of fibrine, in consequence of deficient assimilation, it fails to repair the detritus of the different organs, and general debility ensues. It may be said, I know, that this doctrine savors not a little of the obsolete humoral pathology. Granted: nevertheless, it may be true. When exclusive solidism was in its halcyon glory, Bichat remarked that although this humoral pathology had been carried too far in former times, there was no doubt but it was founded in truth, and that in a great many cases we must allow that *all* should be referred to morbid humors.* It is not my purpose to enter the lists in defence of the peculiar system of the Brunonians, or their opponents. Neither, exclusively, is adequate to explain all the phenomena of the scrofulous disease, and neither can hold its ground without the aid of the other.

When we consider the similarity between the proximate principles of the blood and the solid textures of the body, and the intimate physiological connection which prevails between them, it is no easy matter to conceive how disease can exist to any amount in the solids, without

* Introduc. to "*Anatomie Générale.*"

the blood being also affected, more or less; nor how the nature and constitution of the blood can be materially changed, without such alteration producing a reflected alteration in the condition of the solids. As it regards vital laws, chemical composition, and internal structure, no line of demarcation can be drawn between them. The solids, considered with respect to their relations to the blood, may be divided into two classes: the one contributing *to make* blood, such as those concerned in the actions of absorption, digestion, arterial circulation and respiration; the other contributing *to unmake* it, those, namely, concerned in the processes of venous circulation, secretion and nutrition.* No solid, therefore, can undergo modification in function or structure without producing some derangement in the properties or quantity of the materials destined to form the sanguineous mass, or to be separated from it. This view of the subject takes away the bone of contention which has so long set the humorists and solidists at loggerheads, and removes all occasion for dispute. The human system constitutes but one important whole, indivisible in a state of health as well as disease; and the division of the several parts into fluids and solids, is, practically, a distinction of minor importance.

It cannot be denied that the blood experiences essential changes in *some* diseases. In the phlegmasiæ it is fibrinous—grumous in scurvy—serous in chlorosis and in anæmia—and deficient in animal matter in diabetes; and M. Lecanu has shown that in icteric subjects it contains the yellow principle of the bile. “We cannot but regard the blood,” says Dr. Good, “as in many respects the most important fluid in the animal machine; from it all the solids are derived and nourished, and all the other fluids secreted; and it is hence the basis or common pabulum of every part; and as it is the source of general health, so it is also of general disease. If imperfectly elaborated, or with a disproportion of some of its constituent principles to the rest, the whole system partakes of the evil, and a dysthesis or morbid habit is the consequence.” That the blood in scrofula has less than its proper portion of crassamentum and coagulable lymph, is frequently noticed in dissections; and in attempting to inject a scrofulous subject, the injection will not pass into the extreme vessels, because they contain blood which the last efforts of life had not power to propel into the veins—thus affording evidence of a debilitated state of the vascular system. If blood be abstracted from a strumous patient, it will contain a smaller portion of crassamentum than that from a healthy person. The process of digestion is not so well performed, and this is all to be attributed to the want of good blood to fulfil the different offices of the assimilating system.†

The disease is frequently developed in several parts of the body at the same time; thus, the glands of the neck will be swollen, while tubercles inhabit the lungs or liver, and ulcers cover the legs. These local affections, although differing from each other according to the tissues in which they are seated, depend upon the same constitutional derangement. It is indeed difficult to confine this affection to any one spot, whether the

* Andral's Patholog. Anatomy, Vol. I.

† Sir A. Cooper's Lectures.

general health is tolerable, or has been impaired by the alterations of nutrition and secretion which have taken place on all sides. There is little chance for the various tissues to escape a development of the morbid influences with which the system is charged. It is present everywhere in the blood—and every process of nutrition and secretion will be modified—every hyperæmia, accidentally produced, will be peculiar in its symptoms, progress and termination, as well as in the effects from therapeutic agents employed for its removal. Every instance of suppuration will throw out a fluid, *sui generis*; all the stages of inflammation will be attempted, and be but partially fulfilled in consequence of deficient energy in the constitution.

The anatomical structure of the lymphatics affords facilities for the existence of the disease in them. Their minute membranous tubes anastomose with great freedom, so as to produce a reticular, mesh-like arrangement of their fibres, and their crescentic, valvular folds, formed from the inner coat of their parietes, and their frequent curvatures and convolutions, particularly in the ganglions, are well fitted to impede the circulation of their contents. The bloodvessels are numerous in the glands, and the coats of the lymphatic tubes are thinner here than elsewhere; and the action of these tubes, naturally weaker in that situation, is still farther diminished by the close cellular adhesion which unites the vessels composing the glandular bodies.

In attempting to explain the nature of scrofulous depositions, I am aware that I enter upon uncertain and debatable ground. Our knowledge of morbid action of any kind is extremely limited, and must remain so until we have a more perfect knowledge of healthy growth itself. Tubercles occur most readily in those of a lymphatic temperament, because the lymphatic system is particularly affected by that species of debility, and that morbid condition of the blood, which exist in the strumous constitution. Broussais places their seat in the white capillaries and lymphatic ganglions, and ascribes their formation and growth to irritation in those textures; and this irritation, according to his theory, is excited by sanguineous irritation or inflammation in the adjacent parts. Inflammation, for instance, in the bronchial mucous membrane, will give rise to the formation of these bodies in the parenchyma of the lungs. Other writers contend that the original nucleus is neither in the lymphatic system nor in the mucous follicles, but in the cellular substance.* These discordant views go to corroborate the *fact* that tuberculous matter is confined to no one tissue exclusively. It is of albuminous composition, wherever found, and may be considered as a modification of the nutritive secretions, but incapable of healthy organization. It is not improbable that this substance, pus, and coagulable lymph, are varieties of the same albuminous fluid that is found in the blood—differing from each other in chemical or mechanical composition. Tuberculous matter, then, may be called lymphatic pus, resulting from a low degree of irritation or sub-inflammation in the vessels in which the lymphatic fluids circulate, and whose characteristic property is to assume the concrete state. But let it be borne in mind that its formation cannot take place unless the

* "Illustrations of Morbid Anatomy," by J. Hope.

fluid from which it is separated—the blood—has been previously modified. This fact being admitted, it is obvious that a healthy secreting surface may abstract from the blood, not only the materials of its own peculiar secretion, but also that of scrofulous matter. There is generally weak vascular action in the parts affected—indeed, in the whole system; an action of a lower degree than that required to produce laudable pus; and the strumous matter may be secreted by vessels inflamed in different degrees, or not inflamed at all. It is this disposition of vessels, in different states of activity, to tuberculous action or secretion, that constitutes the scrofulous diathesis in them; and where this prevails, various tissues, but especially the lymphatic, apparently unaffected by inflammation, will frequently be found to contain scrofulous matter. In the spot where strumous action has commenced the formation of tubercles, each living molecule separates from the blood a molecule of albuminous fluid, which, super-added to the molecules already formed, contributes to augment the tuberculous deposits. Thus their dimensions increase by juxtaposition of fresh particles furnished by the surrounding tunics. They remain inert for an indefinite period, and irritation will hardly be perceptible unless they are numerous and are called into activity by some aggressive cause. The constitution, which has given birth to them, being predisposed to their formation, will ordinarily discover but little sympathetic effect on account of them. Their form and consistence vary with the nature of the part in which they are located, and according to the period when they are examined. They are hard and granular in their rudimentary condition—in a state of mollescence in the second period—and in a course of evacuation in the third. These changes are announced during life by corresponding and well-known symptoms, particularly as they are developed in the different stages of scrofulous consumption.

(To be continued.)

TREATMENT OF CLUB-FEET.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Upon looking over a late number of your useful Journal, I noticed a communication, from one of our fraternity, upon the subject of club-feet. I was truly glad to see this communication, and hope it will receive from an enlightened community all that attention which its importance demands. It is really true, that the want of success in the treatment of club-feet has been for a long time among the opprobria of our profession; and he who will reduce the catalogue of those difficulties, which have heretofore been considered incurable, will deserve well of society.

In Europe, for several years past, especially in Great Britain, France and Germany, institutions have been formed expressly for the treatment of distorted feet, and their kindred maladies; and it appears from the language of their journals, that their success has been equal to their efforts. Nor is it merely in Europe, that an increased attention has

been paid to this subject ; but much has already been done in the United States. We find cases reported, which have been successfully treated, in Connecticut, New York, Pennsylvania, Virginia and South Carolina. We do not know of any one, however, who has devoted so much time and attention to the subject, and who has expended so much for machinery, casts and drawings, as the author of the communication to which we have alluded ; and the ardor with which he has pursued the subject, and seems now to be pursuing it, is really worthy of commendation.

The number of club-feet among us is greater than is generally supposed. Probably not less than half a dozen cases might be found in every town. If such be the case, there is certainly, then, a large number in the whole Commonwealth. Whoever will restore these individuals to usefulness and happiness, is worthy of the kind wishes and generous feelings of the community. We certainly wish the gentleman success in his endeavors, and sincerely hope that he will find a reward for his labors, equal to his skill and exertions.

The printing of his communication in the pamphlet form, and the circulation of it among the people generally, would bring it before the eyes of many who would otherwise never see it ; as the number of those who read medical journals is very small, when compared with the whole mass of the population.

A SUBSCRIBER.

Nov. 1839.

ANEURISM SPONTANEOUSLY CURED.

A GIRL, 16 years old, a fortnight previously to entering the hospital, received a blow from a playmate with a Chinese pillow (which is a cylindrical apparatus of bamboo), upon the left temporal artery, high on the forehead. There was at the time a flat tumor extending nearly to the ear, to the outer angle of the eye, and down upon the cheek. A fluctuation was felt, but no pulsation except a very slight one in the temporal artery, extending about an inch from the wound. There was neither pain nor redness. Aware that if necessary the artery could be readily divided or taken up, a small incision was made through the integument at the most prominent point, and a small probe introduced, upon an elastic membrane, which yielded to pressure, but immediately resumed its place as that was removed. A lancet was introduced perpendicularly just sufficiently to puncture the membrane. Arterial, mixed with streaks of coagulated, blood escaped. Sponges of cold water were applied to the surface and styptics to the puncture ; the hemorrhage stopped without difficulty. Three days after this the aneurism was carefully examined, and was not a little handled. It was concluded to take up the artery in a few days, but on entering the ward next morning, several patients exclaimed that the tumor was half gone. A very perceptible diminution had taken place, and a small hard *ball* formed an elevation above the injury of the artery. An evaporating lotion was applied during a few days, and the swelling gradually

lessened. A compress and bandage were then substituted, and in a fortnight, when the hospital was closed, the whole had disappeared, except the remains of the *ball*, now less in size than a tamarind stone; and no inconvenience was felt.—*Report of Macao (China) Hospital.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 13, 1839.

YELLOW FEVER OF GIBRALTAR.*

THE translator says, page xii., &c., "I know Dr. Louis often spends hours examining and questioning a patient, recording at the bedside the results. Intense love of truth directs his labors; he confines himself to facts and exact terms; his system of analysis, deduction, reserve and suspension of judgment is rigorous. He is disgusted with conclusions from analogy, giving warning to light minds who are too eager to draw conclusions. He sets forth the care and time necessary to observation, to satisfy cautious minds, neglecting no detail of symptoms or lesions; that no anatomical research can be the source of solid instruction unless all the organs have been examined and described with details; that in diseases there is something besides the lesions; the most constant of them in yellow fever cannot be appreciated in the present state of knowledge."

Of the 31 cases which Dr. L. relates, 14 are the reports of others; 4 he considers not as of yellow fever; one, probably not. "The diagnosis has often been erroneous; many cases called sporadic yellow fever do not belong to it.

In anatomical examinations of the dead, 1, 2, 3, 7, 8, 11, he finds no explanation of the death; in No. 17 he finds it in the co-existence of several lesions.

The yellowness of the skin takes place without impediment of the biliary ducts; it was not a constant symptom, even in fatal cases; it was found in those who died of a very different disease.

Some cases presented a character of mildness calculated to deceive the patient, attendants and physician. Patients died without taking to their beds, on foot, as it was expressed by their friends. Dr. Mathias experienced no other symptoms but severe pains in the calves of the legs and suppression of urine. His mind was perfectly clear during the whole course of the disease, he noticed the suppression of urine, dictated three or four letters to a friend, begged him to write rapidly the last, that he might sign it, then devoted a little time to affectionate intercourse with him; soon after, unable to speak, he thanked him by a sign, and in a quarter of an hour died, after three or four days illness."

"In 19th case, had we not known what prognosis is to be drawn from black vomit, we should have hoped for recovery when the patient was on the border of the grave."

"This kind of latent condition of the yellow fever does not distinguish it

* Researches on the Yellow Fever of Gibraltar of 1838. By Charles A. Louis, Physician to the Hotel Dieu of Paris, &c. Translated and now first published from manuscript, by G. C. Shattuck, Jr., M.D., Member of the Society for Medical Observation at Paris; M. M. S. Little & Brown. 1839.

from the acute diseases of Paris, which also are often obscure, and their symptoms mild. But it is remarkable on account of the rapid progress of the disease, usually fatal from the fourth to the sixth day. And this reminds us of poisoning by arsenic; individuals retained their clearness and calmness of mind from the moment of swallowing the poison until death."

Bloodletting is less properly the remedy of hemorrhage than is generally believed; black vomit and black stools were not less frequent when physicians bled largely, than when they had nearly abandoned bleeding; and there are other reasons for abstaining from it.—Experience has proved that no dependence is to be placed on mercurial preparations.—We cannot calculate on treating the disease by any established mode or formula; we must profit by all that experience or chance may teach. We can hope for only moderate success against a part only of the trouble, that which is apparent; it is against an unknown cause that agents are to be employed.

The disease was less severe in women than in men, much less in children than in adults. The black vomit, which in men was the almost certain harbinger of death, took place in a great many children who recovered.

An attack of yellow fever preserves from a second as effectually as an attack of smallpox preserves from a second of that disease, even after 24 years. Those who were slightly ill only a day or two in epidemics before 1828, were equally preserved from another attack. At Gibraltar, yellow fever was epidemic in 1810, 21, 25. In 1828, several persons, even physicians, exposed their children to it, being convinced that it is milder in infancy than afterwards.

That yellow fever is contagious is beyond our facts. That nurses retain their health is no proof of non-contagion, unless it appears that they never had the fever. It is customary to select nurses from those who have had it.

It will be to Dr. Louis a high gratification that a copy of this work is presented to every member of that numerous body, the Massachusetts Medical Society, making, with the Boylston Prize Dissertations, two vols. of the Library of Practical Medicine.

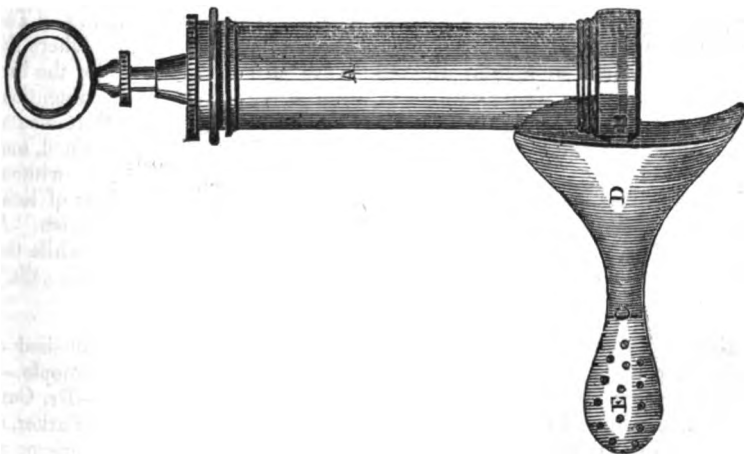
Phrenology not opposed to the Principles of Religion.—A lecture, of fifty pages, octavo, written by William Ingalls, M.D., of Boston, is circulating very freely, having the following title: "A Lecture on the subject of Phrenology not opposed to the principles of Religion, nor the precepts of Christianity." From the little we have been able to read, we are favorably impressed with the general features of the production, as a literary and philosophical performance. With his happy mode of illustration, the doctor has brought together some curious, and to the practical phrenologist, we apprehend, important facts, the result of his own critical observations. These, when added to the accumulating mass of knowledge in this department, must greatly strengthen those who are reasoning with mankind, to prove that the brain is a congeries of organs, and that phrenology is not opposed, as many believe, to the principles of religion. Notwithstanding the beauties and cogent reasonings which characterize some of the pages, it is pretty certain that Dr. Ingalls has uncapped a volcano, with reference to the general notions of certain religionists—but if he is careful to stand outside the crater, he will suffer nothing from explosions. We object most strongly to the last fourteen lines of the forty-ninth page. The character of our Saviour is not to be thus commented upon, under any circumstances whatever.

Medicinal Springs of Virginia.—We are gratified that Dr. Hayward's valuable observations on the Virginia Springs, which were published in this Journal a few weeks ago, are now ready for distribution in the form of a pamphlet. Their circulation will have a good influence, and save many invalids from making an expensive and unnecessary journey, while it will explain, in the simplest manner, what cases will be benefited by the use of all or any of these celebrated waters. The pamphlet may be obtained at this office.

Library of Practical Medicine.—Volume X., in the series distributed to the members of the Massachusetts Medical Society, is nearly ready for distribution. Those entitled to copies (and all fellows are) may receive them on application to C. C. Little & Co., No. 112 Washington street, Boston. As soon as there is room to be had in the Journal, we shall endeavor to introduce parts of a report made to the Counsellors, at the last meeting. It relates entirely to the doings of the medical delegation which assembled at Worcester in July last.

New Catalogue of Fellows of the Massachusetts Medical Society.—By direction of the Counsellors of the Massachusetts Medical Society, a committee have in preparation a new catalogue of the fellows—and that it may be as correct as possible, the gentlemen who are plying the laboring oar earnestly request those who possess information, to notify either of the secretaries of any death or removal, not noticed in the last catalogue, which might possibly escape the recollection of the committee.

Vaginal Syringe.—The superiority which this instrument, invented by Dr. Heber Chase, possesses, consists in its perfect adaptation to the anatomical form of the external organs of generation.



A, the cylinder, is about five inches in length, with a calibre of one inch. Projecting from its lower extremity, B, at an angle of about eighty-five degrees, is a tube of one inch and a half in length, and six lines in diameter, terminating at C by a male screw in the shield D, now to be described.

In the original model of this instrument the shield is bent at C, thereby throwing the point of the instrument E, upward, as mentioned in the description.

The shield is of a conoid form, produced considerably near the truncated summit, and laterally compressed, about four inches in length, half an inch in diameter at the apex, and it has about three inches vertical, and two inches transverse diameter at its base. The superior extremity of the vertical diameter rests against the cylinder of the instrument, while the inferior extremity is carried backward and downward, so as to press on the perineum a few lines posteriorly.

Upon the extremity of this shield is placed a bulbous tube E, extending about one half of the whole length of the shield. This tube extending from its connection with the shield at C, is gradually increased towards its extremity, and terminates with a diameter of ten lines, where it is perforated by from twelve to fifteen holes all around its bulbous extremity.

Directions for Use.—The bulbous extremity of the instrument should be introduced into the vagina, and carried backward and upward nearly or quite to the os uteri, the base of the shield closing the vagina at its orifice. When the contents of the syringe are thrown into the vagina, the fluid, of whatever nature, is projected not only against and around the os uteri, but cleanses also, by means of the numerous orifices in the bulb, the other parts of the canal, while the shield prevents its rapid escape.

The advantages arising from such a combination of parts in this instrument, will be seen at a glance by the practitioner; and, aside from the good resulting from keeping the organs in a cleanly state, great advantage will be derived in diseases of those parts by the use of medicinal liquids, which can be thus applied with sufficient force to reach all parts with certainty.

New Hampshire Asylum for the Insane.—A few days since the following paragraph was cut from a country paper. What does it mean? "The location of this State Institution, so much needed in a State where the miserable victims to mental alienation are still suffering under the barbarism of dungeons and chains, has been a subject of keen contention. The corporation, it appears, wished for the principal sea-port, Portsmouth, as the offer of \$23,000 by the town, as a bonus, would be obtained, and for other reasons; but they had unwittingly chosen trustees, without reference to this question, and these gentlemen assumed the right of location, and went *discordantly* for Concord, against the general wish. A minority of the trustees now protest, and thus the matter rests, while the poor sufferers for whom relief is intended remain immured in their cells."

Medical Miscellany.—The Turkish government has established a quarantine, with certain charges for its support, at Constantinople.—Yellow fever is making alarming ravages at Houston, Texas.—Dr. Cutter, of Pepperell, Mass., has associated himself with Dr. C. E. Parker, a former pupil. It will be recollected that Dr. Cutter is the proprietor of a very excellently-conducted lunatic asylum, which must necessarily be a gainer by the acquisition of Dr. Parker.—New remedies, the last work of Dr. Dunglison, is making friends everywhere.—Medical lectures commenced at Willoughby, Ohio, on Monday last.—Sir James Clark, the Queen's physician, has published a statement relative to the case of Lady

Flora Hastings. The facts set forth by him, exonerate him, says one account, from all censure, without implicating the queen or any one else.—A remarkable case of somnambulism is related, in the November No. of the American Medical Journal, by Dr. S. H. Dickson, of South Carolina. A similar one existed in Wrentham, in this State, some months since, a report of which we had hopes of receiving before this time.

TO CORRESPONDENTS.—The papers of Drs. Mettner and Allen have been received, and will be inserted as soon as room can be obtained.

DIED.—At Houston, Texas, Dr. Edward R. Anderson—a distinguished physician and useful citizen of the new republic.—At Quincy, Illinois, Dr. S. S. Wilder, late of Boston.—At Guayama, Porto Rico, Dr. J. Weeden, late surgeon in the Colombian Navy, formerly of Boston.

Whole number of deaths in Boston for the week ending Nov. 9, 21. Males, 8—females, 13.

Of consumption, 3—apoplexy, 1—inflammatory fever, 1—brain fever, 1—teething, 1—angina pectoris, 1—croup, 1—infantile, 4—debility, 1—erysipelas, 1—scarlet fever, 1—paralysis, 1—typhous fever, 1—inflammation of the lungs, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1839. October.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	8 A.M.	2 P.M.	8 P.M.	8 A.M.	2 P.M.	8 P.M.			H st	L st	
1 Tues.	36 56	50	29.72	29.71	29.70	S W	Fair	35 55			
2 Wed.	38 62	56	29.62	29.45	29.40	S W	Fair	56 62			
3 Thur.	48 68	62	29.27	29.20	29.17	S W	Fair	57 67			Frost in low grounds.
4 Frid.	54 58	50	29.23	29.37	29.48	N W	Fair	54 57			Frost.
5 Satur.	32 47	46	29.75	29.69	29.94	N W	Fair	30 48			Severe frost.
6 Sun.	28 53	51	30.04	30.10	30.05	S	Fair	27 55			Do.
7 Mon.	34 60	57	29.95	29.83	29.78	S W	Fair	32 63			Trees begin to put on autumnal hues. Weather very fine.
8 Tues.	44 67	65	29.65	29.63	29.60	N W	Fair	42 68			
9 Wed.	52 65	61	29.55	29.50	29.49	N	Fair	48 66			
10 Thur.	53 65	65	29.38	29.38	29.42	N W	Cloudy	49 67			Shower at 3 P. M. Aurora bor.
11 Frid.	44 60	54	29.63	29.65	29.64	N W	Fair	41 64			
12 Satur.	46 52	48	29.66	29.61	29.56	S E	Rain	44 59			
13 Sun.	52 66	63	29.36	29.36	29.36	S W	Cloudy	47 70			
14 Mon.	56 52	50	29.38	29.43	29.45	N E	Rain	51 57			} During the storm of 2 days the barom. rose steadily from 29.38 to 29.56.
15 Tues.	48 51	51	29.48	29.56	29.58	N E	Rain	48 54			
16 Wed.	41 61	60	29.72	29.75	29.75	N W	Fair	41 66			Foggy morning.
17 Thur.	43 67	61	29.74	29.68	29.64	S W	Fair	43 67			[the moon.
18 Frid.	52 70	65	29.65	29.60	29.60	S W	Fair	51 70			Sun set in a cloud. Halo around
19 Satur.	58 66	66	29.46	29.32	29.30	S W	Rain	52 68			Showery afternoon.
20 Sun.	38 41	39	29.68	29.84	29.90	N	Fair	37 42			
21 Mon.	26 41	40	30.07	30.12	30.08	N	Fair	26 42			
22 Tues.	26 50	48	30.03	29.95	29.87	S W	Fair	26 54			Aurora borealis.
23 Wed.	37 60	55	29.78	29.72	29.65	S	Fair	37 62			Halo around the moon.
24 Thur.	50 70	65	29.38	29.35	29.35	S W	Fair	48 70			Smoky atmosphere. Sun set in a
25 Frid.	41 54	52	29.58	29.64	29.65	N	Fair	41 54			} Smoky days. [cloud.
26 Satur.	41 56	55	29.72	29.70	29.69	N W	Fair	39 56			
27 Sun.	49 66	60	29.58	29.54	29.50	S W	Fair	48 66			
28 Mon.	54 64	60	29.38	29.30	29.28	S W	Fair	52 64			
29 Tues.	40 57	53	29.38	29.34	29.33	N W	Fair	40 57			
30 Wed.	41 54	50	29.30	29.22	29.20	N W	Fair	41 55			
31 Thur.	42 51	50	29.15	29.16	29.19	N W	Fair	42 51			

The month of October has been very pleasant, the temperature uniform and mild. There has been little rainy or cloudy weather. The range of the thermometer has been from 26 to 70; that of the barometer from 30.12 to 29.15. The season has been very favorable to the husbandman, for the ingathering of the fruits of the earth.

LECTURES ON MORBID ANATOMY.

Dr. J. B. S. JACKSON will commence a course of Lectures on Morbid Anatomy to-morrow, at 3 o'clock, P. M., to be continued on every succeeding Thursday during the term of the Medical Lectures.

They will be given at the room of the "Boston Society for Medical Improvement," No. 35 Tremont street, and will be illustrated by specimens from the Society's cabinet, by recent specimens, and by the works of Cruveilhier, Carswell, Hope and others.

Tickets, at \$3 each, may be had of Dr. Jeffries Wyman, at the Medical College, or of Dr. Jackson, to-morrow afternoon, before the lecture.

Wednesday, Nov. 13, 1839.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

1. A daily attendance at the wards of the Massachusetts General Hospital.
2. Attendance at the Massachusetts Eye and Ear Infirmary.
3. Opportunities of seeing interesting cases and surgical operations in private practice, in the dispensaries and elsewhere.
4. Occasional opportunities for obstetric practice.
5. Lectures on surgery and on diseases of the eyes, and practical demonstrations in anatomy from recent subjects.
6. Regular examinations, as far as desired, in all the branches, in the interval between the lectures of Harvard University.
7. A private dissecting room, in which during the last year an abundant supply of anatomical subjects has been gratuitously furnished

Boston, May 15, 1839.

2am6m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STOKER,
OLIVER W. HOLMES.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 31—eptf

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

THE CHASE INFIRMARY

FOR THE TREATMENT OF HERNIA, AT CONCORD, N. H.

THE perfect retention of the bowel is here guaranteed in all cases of *reducible* hernia, and a *radical* cure may be expected, except in cases of long standing in aged people. The attendance of the patient is required no further than to afford opportunity, by means of a suitable instrument, to adjust the degree of pressure necessary to ensure the certain retention of the bowel, provided the patient immediately report himself should a re-appearance of the hernia, or too much inflammation, render a different adjustment of the instrument necessary.

THO. CHADBOURNE, M.D., Concord, N. H.

References.—Amos Twitcheil, M.D., Keene; Matthias Spaulding, M.D., Amherst; Oliver Perry, M.D., Exeter; C. A. Cheever, M.D., Portsmouth; William Burns, M.D., Littleton.

A14—

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 184 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, NOVEMBER 20, 1839.

No. 15.

DR. DURKEE'S REMARKS ON SCROFULA.

[Continued from page 225.]

THE proper lymphatic glands, as those of the neck, mesentery, &c., are most commonly affected with enlargements at an early period of life. In these glands the scrofulous leaven finds ample *materiel* through which to diffuse itself. The vessels which enter into their composition act with diminished power—their contents accumulate—the most liquid portion alone penetrates through them; while the grosser particles of albuminous or lymphatic matter remain and become a source of chronic irritation. The fluids, appropriate to their structure, concentrate towards the seat of irritation, absorption is partially suspended, and a gradual congestion takes place precisely in the manner that blood, in a plethoric habit, will accumulate around the point of irritation and produce sanguineous congestion and inflammation. This disease of the mesenteric ganglions constitutes the *tabes strumosa*. Some pathologists believe that the extreme emaciation, which always accompanies this condition of the mesentery, is produced by total obstruction of the glands through which the chyle must pass in its course to the thoracic duct. That this wasting is not thus occasioned, appears from the fact that some children, in whom mesenteric tumefactions can be felt in the form of protuberant knots in the abdomen, have survived many years, and at last died of other complaints; besides, injections pass through the glands with facility. May not the atrophy, as well as the voracious cravings for food, arise from deficient chylosis, interrupted by irritation or sub-inflammation of the mucous membrane of the intestines; from the derangement attending on absorption caused by lesion in the tissue from which the lactiferous vessels originate; and from the faulty assimilation produced by the morbid state of the lacteals themselves, especially the mesenteric ganglions?

When the glands of the neck, groin, &c., enlarge and proceed to suppuration, they exhibit great uniformity of symptoms. The tumor at first is somewhat hard, indolent and moveable. It gradually passes into its second stage, takes on inflammation, and finally ulcerates. Before ulceration occurs, the skin becomes of a dark leaden hue, similar to that round venereal sores, and which marks debility of the system. This livid color remains after the ulcer has healed. The evacuation is thin, gleet, lactescent or caseous, but never strictly purulent. The ulcer has smooth, obtuse edges, which overhang its borders—its base is deep,

with granulations loose, glossy, and deep pink or rose colored—and is not painful.

The same remote and proximate causes that produce scrofulous affections in the soft parts, extend the same malign influence to the bones. The materials for their nutrition and health, as well as for every other tissue, are derived from the blood; and if the digestive economy have fallen into disability to yield a constant supply of this fluid, in a normal state, to the bones, they will experience that derangement in function and structure, which constitutes the scrofulous malady in them; and it is important to keep in view the entire etiology of this disorder, because a regard to it will help to form a basis on which to build a correct system of therapeutics. Scrofula in the bones, then, depends upon that general malaise of the system which gives rise to it in the other structures. It usually shows itself at an early age, and will almost invariably be seen in combination with those constitutional symptoms which common consent has pronounced to be its peculiar characteristics. The lymphatic glands of the neck, mesentery, &c., will be enlarged, and the whole aspect of the patient will show the diathesis. The cancellous structure of the bones is the part primarily affected, in consequence of which, ulceration takes place in the cartilages surrounding the articulations. The bones become preternaturally vascular and soft; and as the blood does not transmit the requisite amount of proper nutriment, they contain a less than usual quantity of earthy matter. The cylindrical bones, and those composing the vertebral column, are most frequently diseased. Brodie denies that the cranial bones are ever the seat of scrofulous inflammation. This statement, however, is opposed by the high authority of Drs. Johnson and Benjamin Bell.*

In the *treatment* of scrofula we have no *magnum remedium*, possessing catholic virtues, whatever texture or constitution may be invaded.

The first indication is to invigorate the system. Scrofulous patients require both medicines and diet of a more stimulating nature than ordinary subjects. It is remarked by Sir Gilbert Blane that wine, strong malt liquors, and a free use of animal food, which in other persons would excite heat and repletion, have been found to constitute the most salutary system of diet in scrofulous temperaments. Although not disposed to acquiesce implicitly in the statement of Sir Gilbert in regard to the above named beverages, I am satisfied, from observation, that if individuals of scrofulous diathesis indulge in their use even to excess, they receive less physical injury than would be experienced by others from a like indulgence. But considerations of a moral character should make the physician cautious as to the class of stimulants and cordials which receive his sanction.

The train of morbid actions commences in the digestive organs, and in a simple state of scrofulous constitution, before any special local affection is developed, much may be done by rigid attention to diet, air, exercise and cleanliness. Generous aliment should be provided. Scrofulous children require liberal nourishment in order to promote their regular growth, which constitutes the most important function at this

* Med.-Chir. Review, No. 30, p. 409.

age. Animal food is more nutritive and stimulating than vegetable ; that is, the same quantity of the former will make more and richer blood, and will satisfy the demands of the digestive organs for a longer period, than the latter ; experience has, however, demonstrated that a mixture of the two is most conducive to health. Some writers consider milk unfriendly to persons of scrofulous temperament, but I know of no rational objection to its most liberal use ; on the other hand, no one article of diet is so wholesome and valuable as this. It contains an admirable union of animal and vegetable properties, and holds a middle rank between the two ; it affords a gentle and salutary stimulus to the stomach, is easy of digestion, yields a rich supply of chyle, and is peculiarly fitted for restoring a debile constitution, and for every purpose of preserving health. It fully maintains the robustness of the system, without any of the disadvantages which result from an excess of animal food, on the one hand, or the diminished strength and vigor which would be the effect of a strictly vegetable diet, on the other. Children confined to this article as their principal food, instead of being weakly, pale, and stunted in their growth, will be found stronger and in every respect more rugged, than those pampered with the delicacies of a sumptuous table. I seldom meet with a scrofulous patient who cannot advantageously take milk under some of the modifications of which it is capable. If the stomach is troubled with acidity, and an alkali is needed, lime water or carb. magnesia may be added ; if it produces an astringent effect, it may be taken with a small quantity of oatmeal gruel.

The numberless compounds of rich cake, pastry and sweetmeats, the high-seasoned dishes, and the various other unnatural mixtures, which a refined cookery brings to our tables in so many tempting forms, but which irritate and exhaust, rather than fortify the tone of the digestive powers, should be interdicted as so many "abominations."

The prophylactic influence derivable from pure fresh air, is a matter of no small importance. Without this, the requisite arterialization of the blood cannot be effected ; and the physician should not lose sight of the advantage to be gained by placing the patient, if possible, in a rural situation, where a clear, salubrious atmosphere can be enjoyed.

Immediately connected with this subject, is that of exercise. This stands at the head of all the branches of regimen, especially as it relates to those in whom the disease has not assumed a serious local character, or advanced to the inflammatory stage. Digestion, assimilation, secretion, circulation—indeed, all the functions will be promoted, and the whole system daily gather strength and firmness, from physical exertion in the open air. That kind of exercise is most beneficial which enlists the greatest number of muscles, agitates the general frame, and compels the individual to vary his position so that the abdominal viscera may participate directly in the motions. It should be accommodated to the existing powers of the patient, and gradually increased as strength and agility are acquired. Sydenham promised to cure every disorder by putting his patient on a horse. If circumstances forbid the employment of out-door exercise, external frictions assiduously applied, shampooing, &c., will furnish valuable substitutes. Muscular effort demands the

presence of arterial blood, and the mere circumstance of calling the muscles into activity, makes the pulsations of the heart full and strong, quickens the circulation, and augments the supply. This increase, in its turn, enables the organs through which the blood is distributed to act with greater energy and effect, and the augmented action produces a corresponding exhalation and waste. To renovate the sanguineous mass, thus deprived of its nutritive properties, a greater amount of food is required—the promptings of the appetite become more imperative, and the process of digestion more vigorous and successful. The aliment received into the stomach is more readily converted into perfect chyle—its absorption and transmission into the circulating current is more rapid—respiration becomes deeper and more frequent than before—the blood speedily undergoes its full and appropriate change in the lungs, and in its passage through the system stimulates all the vital functions into easy and harmonious play. These results, so auspicious to the scrofulous constitution, are almost sure to flow as a natural consequence from a judicious plan of exercise.

In our attempts to prevent an active incursion of the disease, much can be accomplished by attending to the condition of the cutaneous membrane. The sympathetic bond which unites the different organic functions is nowhere more visible than in the relation between the skin and digestive apparatus. If the exhalent vessels of the former be interrupted in their office, so as to prevent them from conveying the perspirable fluid to the surface, the mucous membrane and chyloferous vessels of the intestines and the glands of the mesentery will become irritated, the several processes of digestion will be incomplete, and the peristaltic action irregular; and no treatment, directed to the chylopoietic viscera, will be likely to succeed, until the natural course of the cutaneous transpiration is restored. I have long been persuaded that the agency and influence of the skin over the internal organs, especially the digestive, have been too frequently overlooked in this disease. In mesenteric obstructions and glandular enlargements, the happiest effects may often be obtained from the continued use of baths, affusion or sponging, while at the same time the diet and habits of exercise are properly regulated. The sponge, with warm water and soap, or warm salt water, joined with friction of the body with a coarse napkin or flesh brush every second day, is the safest and least objectionable mode of preserving the necessary cleanliness of the skin and keeping up its due function. In a majority of scrofulous constitutions the circulation in the extreme vessels is seldom sufficiently vigorous to secure reaction after the cold bath.

Flannel should be worn next to the skin. Besides serving as a defence against the sudden abstraction of the animal heat during the variations of our capricious climate, it produces a gentle irritation on the surface at every movement of the body, and maintains a salutary action on the cutaneous vessels.

The combined advantages arising from a correct system of dietetics, from habitual and varied exercise, and from a scrupulous regard to personal cleanliness and warm clothing, will often be found adequate to the

exigencies of the scrofulous invalid ; they will at least do more for the patient, during the first period of the disorder, whatever be its variety or locality, than all the reputed specifics. This hygienic discipline will gradually improve all the languid functions of the body. The digestive powers will execute their charge with fidelity, and those of assimilation will thus be relieved of embarrassment ; the blood will be duly elaborated, the amount of nutrition will exceed that of waste, and the whole bodily frame will be raised to a higher degree of health and elasticity, and its susceptibility to an active development of the disease greatly diminished. So long as scrofula manifests itself through the characters peculiar to the lymphatic temperament, and by an interruption or inertness, more or less difficult to perceive, in the function of the part implicated, the most we can do is to employ such means as are suited to fortify the constitution, and thereby, if possible, effect the resolution of the malady. This course is always judicious—always safe. Everything that may irritate the stomach and bowels, such as elixirs and alcoholic medicines, should be avoided in the first or inert stage of the complaint, because they will be likely to hasten it on to a state of inflammatory action. As a substitute for spirituous tinctures, the aqueous preparations of cinchona, gentian, simarouba, &c., should be prescribed. They contain all that is tonic in these substances, and are free from the peculiar qualities contained in the vehicle to which I object. A few grains of rhubarb should be given occasionally with either of the above preparations, to preserve the bowels in a soluble condition. The following combination is good, where an aperient is required. R. Carb. sodæ, ʒss. ; pulv. gm. guaiac., rad. rhei., āā ʒ iss. M. Ft. chart. No. xii. Two or three to be taken every second day in ʒ i. of syr. rhei comp.

If the *glands of the neck, groin, &c.*, become painful and inflamed, the treatment must be similar to that of inflammation arising from any adventitious cause. To prevent the threatened suppuration and dissipate the tumors, topical remedies, almost without number, have been tried. Leeches, and an evaporating lotion of the liq. plumb. sub-acetat. with spirits of wine and water, are the best local applications. Their use should be combined with mild cathartics. The submuriate of mercury with scammony, jalap or rhubarb, every third or fourth day, is recommended by many practitioners ; but as the object at this stage is simply to remove inflammation, I prefer the sulphate of magnesia dissolved in a liberal quantity of infusion of chamomile or gentian, and given, cold, in divided portions. For young children who cannot readily be prevailed upon to take this saline mixture, the following will be convenient. R. Pulv. rad. rhei, magnes. calcin., āā gr. iv. ; submur. hydrarg., gr. ij. vel iij. Mix, and give night and morning in ʒ i. syr. sennæ, or syr. rhei comp. every third day. The dose can be varied according to age. The practitioner should be on his guard not to urge his remedies too far. The cooling applications should be so managed as not to reduce the temperature below the healthy standard. Too great a degree of cold will produce an unprofitable chill in the whole system of a weak scrofulous patient, and if the glandular enlargement be considerable, will diminish the vitality of the part and increase its disposition to suppurate.

For the same reason the use of leeches and cathartics should be moderate, though often repeated. When the progress of the tumor is arrested, its absorption should be attempted by stimulating liniments, small blisters, and frictions with the bare hand. A solution of sulphate of zinc—3 ij. to 3 viii. of soft water—applied two or three times a day, is very beneficial from its cooling effects and the gentle stimulus which it imparts to the surface. Warm salt water baths, used with soft flannel rags, and kept on the part for an hour, night and morning, are sometimes very useful, and always grateful to the patient.

The liquor potassæ has enjoyed a high reputation as a deobstruent. Given in as liberal doses as the stomach will bear, at short intervals, it sometimes succeeds in dissolving the tumors when unattended with pain or any considerable symptomatic fever. It is contra-indicated when increased vascular action is present. Iodine has for some years attracted much attention, and been subjected to every variety of test in this disease. Its fortune has thus far been various. In 1831 M. Lugol, of Paris, who had every facility in the extensive wards of the St. Louis Hospital, dedicated exclusively to the treatment of scrofulous maladies, published the results of his experiments with this remedy in different forms. These results appear truly astonishing as it regards the success which followed. His statements are verified by Magendie and others. The same pharmaceutic compounds used by Lugol, have been tried by surgeons in this country and England, but seldom with any decided advantage, amounting to a cure. During the first period of lymphatic enlargements, a small quantity of the hydriodated potas. ointment, or the iodate of zinc ointment, rubbed upon the tumors night and morning, will sometimes act favorably and with promptitude. The tincture may also be serviceable at this stage; but if the irritation become raised to the second or inflammatory stage, which is marked by heat and redness in the tumefied ganglions, iodine in any form will be improper, as it will be likely to hasten suppuration.

All remedies employed to prevent suppuration will frequently prove unavailing, particularly in irritable habits. This event may be anticipated when the tumor increases in size and the skin looks red. As soon as fluctuation is perceptible, a small puncture should be made in the abscess. It is advisable to afford an exit for the matter as early as possible; for if we delay, the cellular membrane may be destroyed to a considerable extent, and the abscess will be apt to spread in a lateral direction instead of approaching the surface; the death of the skin will also ensue, and a sloughing ulcer be established. This occurrence will be more likely to happen when matter does not form within the substance of the diseased gland, but around it—the gland itself remaining entire, and undergoing no diminution, even after the escape of the matter. If sloughing sets in, the tinct. benzoin. comp. will be the best external application. Pieces of lint should be soaked in it, and applied twice a day. It is sometimes necessary to dilute it with warm water. If the abscess be indolent, a solution of the sulphate of zinc—one scruple to a pint of water—cautiously injected every other morning, will cause healthy granulations to shoot up, alter the quality of the secretion, and

effect a mutual adhesion of its parietes. It should also be washed daily with a decoction of carrots. The application of judicious compression to keep the parts in apposition, is likewise essential.

If scrofulous ulcers are extensive and of long continuance, they exert considerable influence over the constitution, and they cannot always be suppressed without danger. When, therefore, we attempt their cure, it becomes necessary to sustain the patient with food of nutritious quality, and at the same time direct gentle purgative medicines with a view to establish derivation from the alvine canal and other important organs. These ulcers require great care on the part of the surgeon. Their granulations are endued with a weak vitality, and are apt to be suddenly destroyed without any assignable cause. When stimulated by topical remedies, they undergo a favorable change, become more compact, lose their thin glossy aspect, and the cicatrix is more firm than when healed by any other mode.

A strong solution of argent. nitr., or the solid caustic, may be touched on lightly every day, or every other day, with good effect. The ung. hydrarg. nitr. and the ung. hydrarg. are good, particularly the former. The basilicon ointment is also one of the best topical applications. The ulcers will frequently receive the utmost benefit from a covering of soft, dry lint moderately confined in the cavity by diachylon plasters; or the lint may sometimes be saturated with the yellow wash. I have frequently found the application of soft cloths soaked in warm water useful. Let the part be exposed to the vapor for twenty or thirty minutes twice a day. Equal parts of prepared chalk and finely-pulverized rhubarb, sprinkled freely on the base of the ulcer, may be used to advantage. If the ulcer yields but a trifling exudation, as is usually the case with those of ancient date, the powder, as well as dossil of dry lint, if not disturbed in the dressing, will adhere to its surface for several days; and it is a judicious plan not to renew either of these applications until they are cast off by the suppurative process, or come away with the incrustation which may form.

The different preparations of creosote have lately been introduced as topical remedies of surprising utility.* The potent qualities of the article are well known; but I am a stranger to its claims here. Probably they are on the same footing with those of pyroligneous acid.

Compression, according to Baynton's contrivance, is a therapeutic agent employed with the most favorable results. The ulcer should first be dressed with some of the remedies mentioned, and then covered with adhesive straps in a manner that shall produce considerable pressure. Suppose the leg to be the seat of ulcer. It should be shaved and wiped dry; the straps about three fourths of an inch wide, with straight edges, and warmed. Let the lower border of the first strap extend an inch below the discoloration. The straps should be held between the thumb and index finger of each hand, and so applied: that the extremities shall be equi-distant from the ulcer. The central part of the strap should be brought in contact with the limb first, and equable pressure made by pulling at both ends alike, and exerting a uniform power on

every part. Unless the manipulation be well conducted, one edge will be too loose, while the other will be too tense and act as a ligature. Some surgeons recommend that the strips overlap; but if the edges are cut straight, they may lay in exact juxtaposition. This will prevent the formation of ridges in the skin. If suppuration is profuse, space must be allowed for its escape between some of the strips. The plasters should be continued one or two inches above the ulcer, and should encircle about two thirds of the limb. The spiral bandage comes next. It should be of new cotton cloth, of rather fine and firm texture, of one entire piece, with the selvage removed. It should be two or three inches wide, according to the size of the limb, and of sufficient length to surround it as high as the knee. It should be adjusted with great accuracy, else it will be useless. Begin near the toes—let each turn overlap the preceding one by about one third its width. In properly fitting the turns about the ankle, the young surgeon may be somewhat perplexed, but he must repeat his efforts at this part until the desired smoothness and security are gained. In advancing upward, the increasing periphery of the limb will occasion the lower margin of the bandage to be looser than the upper, which would make deep impressions upon the tender skin. To prevent this, let the thumb of the left hand press upon the last turn of the bandage, while the upper edge is cast over and downward upon the lower by a flirt of the right hand. By this manœuvre the two edges will be made to compress with uniformity. It will be requisite to repeat the movement at nearly every circular turn, until you reach the bellies of the *gastrocnemii* muscles. I deem it expedient to be thus minute, because the plasters and bandage, skilfully managed, are of paramount importance, and because they are sometimes applied in so rude a manner that they produce mischief rather than benefit. If the foot and ankle become œdematous, the leg should be kept in a horizontal state.

Ophthalmic ulcerations are benefited by a small open blister at the back of the neck as a counter-irritant. Relaxing applications are injurious. Slightly astringent collyria—the unguent. *tutiæ*—and equal parts of ung. *hydrarg. nitr.* and unguent. *stramonii*, are useful. Of all unctuous substances, I prefer the mixture last mentioned. If the ulcers do not heal under this treatment, a solution of nitrate of silver—three grains to an ounce of rose water—is advisable. A covering of green silk, merely, should defend the eyes. The *sulphuret. hydrarg. nigr.* may be advantageously and liberally given for several weeks in this as well as most other modifications of scrofula. The efficacy of this medicine is increased by combining it with small doses of *magnesia* or *rhubarb*. When more lymph is effused than comports with the healing process, topical bleeding and mild purgatives will be required, and stimulating remedies must be withdrawn.

Constitutional medicines exert great influence over scrofulous ulcerations. The carbonate of iron, quinine, tinct. *ferri muriat.* and other tonics, should be administered, in combination with the compound syrup of *sarsaparilla*. Sir E. Home and Mr. Cline state, from experience, that the *sarsaparilla*, when subjected to heat, has not the same powers

of a restorative agent as in the form of powder, and they warmly express themselves in favor of the latter preparation in doses of ʒij. three times a day. Surgeons very generally use the decoction or compound syrup, but the suggestion in regard to the superiority of the pulverized root is entitled to consideration. The compound decoction of guaiacum makes an excellent alterative tonic, and may be used for any length of time. It goes well with the blue pill, and is prepared thus: R. Rasur. ligni guaiac., rad. sarsapar. fissæ, aa ʒi. ; coq. in aq. fontan. ℥ij. ad ℥ij. Eight to twelve ounces to be taken warm every day, and a blue pill every second or third night.

(To be continued.)

THE LATE LADY FLORA HASTINGS.—SIR JAMES CLARKE'S
STATEMENT OF THE CASE.

[As this case has excited much attention in the medical as well as political world, and as it has already been alluded to in the Journal, we take the earliest opportunity of copying Sir James Clarke's statement of the affair.]

On the 10th of January last I was consulted by Lady Flora Hastings, who had that day arrived from Scotland, and had come into waiting on her Royal Highness the Duchess of Kent. She had derangement of the bowels, and of the general health, and she complained of pain low in the left side. There was also considerable enlargement of the lower part of the abdomen.

Under the use of some few very simple remedies the derangement of the bowels and the pain in the side gradually abated, and ultimately ceased; and Lady Flora complained only of weakness.

The size of the abdomen, however, continued undiminished; and Lady Flora's appearance became the subject of remark in the palace. About the 1st of February, as nearly as I am able to fix the date, I was sent for by Lord Melbourne; and, on going to him, his Lordship informed me that a communication had been made to him by Lady Tavistock, respecting Lady Flora Hastings, whose appearance had given rise to suspicion in the palace that she might be privately married; his Lordship asked my opinion on the subject. I stated, in reply, that while I thought such suspicions ought not to be readily listened to, I was, at the same time, bound to admit to him, that the appearance of Lady Flora in some degree countenanced them. I added that, without more ample means of observation, I could not venture to give an opinion on the subject; and his Lordship agreed with me that no step should then be taken in the matter.

From this time the condition of Lady Flora Hastings caused me considerable anxiety. The only source, besides pregnancy, from which the size and peculiar form of the abdomen could proceed, was disease; but the probability of disease being the sole cause in Lady Flora's case, was diminished by the circumstance that the enlargement was accompanied by very little general derangement of health. In fact, Lady Flora

continued to perform her usual duties with apparently little inconvenience to herself.

I continued to visit Lady Flora about twice a week, from the 10th of January to the 16th of February, and on several occasions examined the state of the abdomen over her dress; but being unable in this way to satisfy myself as to the nature of the enlargement, I at length expressed to her my uneasiness respecting her size, and requested that, at my next visit, I might be permitted to lay my hand upon her abdomen, with stays removed. To this Lady Flora declined to accede.

Matters remained in this state until the 16th of February. On that day I found it had been determined that I should acquaint Lady Flora with the suspicion which existed in the palace, and should suggest her calling another physician into consultation with me. Before visiting Lady Flora, I asked Lady Portman, the lady in waiting, if I might use her name to Lady Flora as one of the ladies who entertained the suspicion respecting her. To this Lady Portman at once assented. Her ladyship then described the peculiarities in Lady Flora's form and carriage, which had produced the impression in regard to her state. To the question as to what my opinion on the subject was, I replied that the appearances were certainly suspicious, but that even to medical men such appearances were often deceptive. Lady Portman concluded by observing, that for the sake of Lady Flora Hastings herself, as well as of the Court, it was necessary that the matter should be cleared up. Immediately after this interview with Lady Portman, I went to Lady Flora for the purpose of making to her this very unpleasant communication; and I need hardly add that I made it in the most delicate terms that I could employ. After a few remarks on the state of her health, I told her that her size had attracted the attention of the ladies, and that it was now my painful duty to acquaint her ladyship that they had in consequence been led to suspect that she must be privately married. This was the mode, and these were the words in which the painful communication was made.

I urged Lady Flora, for obvious reasons, if there were grounds for this suspicion, to acknowledge the fact, and if not, to see another physician at once, to put an end to the rumor. Lady Flora denied that there were any grounds whatever for the suspicion, and named Sir Charles Clarke, who, she said, had known her from her childhood, as the physician she would wish to be called in; but she declined, notwithstanding my earnest entreaties, to see him on that day. This refusal, after the reasons which I had given, lessened very considerably the effect upon my mind of her Ladyship's denial.

After the interview with Lady Flora, it remained for me to communicate what had passed to her Royal Highness the Duchess of Kent. I therefore informed Lady Flora that I was going to her Royal Highness for that purpose; to the propriety of this Lady Flora immediately assented. I accordingly went to the Duchess of Kent, and stated the nature of the interview I had had with Lady Flora. Her Royal Highness immediately expressed her entire disbelief of anything injurious to Lady Flora's character, and she asked me my opinion. However

reluctant I felt to express any doubts on the subject after Lady Flora's declaration, I could not decline giving a conscientious reply to her Royal Highness's questions; and I answered to the effect that the suspicions I previously entertained were not removed.

In the course of the evening of the day on which I made the communication to Lady Flora Hastings, I received a note from her Ladyship, of which the following is a copy:

"Saturday.

"Sir,—Although I think you perfectly understood me this morning, that I did not wish you to take any steps without hearing from me, it is, perhaps, better, to obviate the possibility of any mistake, that I should say so. I shall be governed entirely by her Royal Highness's wishes and orders.

Yours, sincerely, FLORA ELIZ. HASTINGS."

I heard nothing more on the subject till the afternoon of the following day (Sunday, February 17th), when I received another note from Lady Flora, of which the following is a copy:

"Sir,—By her Royal Highness's command I have written to ask Sir Charles Clarke to name an hour this afternoon to come to me. He has answered my note by coming, and is now here. Could you come and meet him?

Yours, sincerely, F. E. HASTINGS."

On receiving this note, I immediately went to Lady Flora and found Sir Charles Clarke with her Ladyship. He stated to me, in Lady Flora's presence, as part of the conversation he had had with her, that he urged her, if there were any grounds for the suspicion entertained, to admit the fact now, as after the examination it would be too late.

After this conversation, Lady Flora requested that Lady Portman might be called in. On her arrival Lady Flora retired to her chamber, where her maid was in attendance. After Sir Charles Clarke had made an examination he returned with me to the sitting-room, and stated, as the result, that there could be no pregnancy; but at the same time he expressed a wish that I also should make an examination. This I at first declined, stating it to be unnecessary; but, on his earnestly urging me to do so, I felt that a further refusal might be construed into a desire to shrink from a share of the responsibility, and I accordingly yielded. After finally consulting, we gave the following certificate:

"Buckingham-palace, Feb. 17, 1839.

"We have examined with great care the state of Lady Flora Hastings, with a view to determine the existence or non-existence of pregnancy; and it is our opinion, although there is an enlargement of the stomach, that there are no grounds for suspicion that pregnancy does exist, or ever did exist.

(Signed) CHARLES M. CLARKE, M.D.
JAMES CLARKE, M.D."

Before parting with Lady Flora, both Sir Charles Clarke and myself pressed upon her Ladyship the expediency of her appearing on that day at table as usual.

Such is a plain statement of the leading facts of this unfortunate case, so far as I am concerned. That I was unable to ascertain the true nature of Lady Flora's state, I at once admit, and most deeply regret;

but when the difficulties which frequently occur in cases of this description, even where every facility is afforded for investigation, are considered, it can scarcely be made a matter of reproach to me that, amidst the disadvantages under which I labored, I was unable to affirm that Lady Flora's change of appearance was the result of disease, and disease alone. If even Sir Charles Clarke did not venture to express a positive opinion until after a careful examination, it will be readily conceded that no other person could have done so without recurring to some similar proceeding. And if anything further were required to establish the difficulties of this very peculiar case, and the heavy responsibility attaching to a decision on it, Sir Charles Clarke knows that there are other facts connected with it, which prove in the most unequivocal manner both the one and the other; facts which do not throw the slightest shade of doubt on the purity of Lady Flora, nor are they matter of blame to any one, but which it is not necessary to bring before the public.

The post-mortem examination established the fact, that the death of Lady Flora Hastings was occasioned by extensive disease, dating its origin "at some former and distant period of time;" and yet such was the obscurity of the symptoms which, during life, accompanied the disease, that its nature became evident a few weeks only before Lady Flora's death; and the fact of its having involved every organ within the abdomen was revealed only by the post-mortem examination.

I think it right to notice, in this place, a part of my conduct, which may at first sight appear censurable. I allude to the admission of my suspicion that Lady Flora might be pregnant, before I had been permitted more fully to examine into her state. Under almost any other circumstances it would have been highly improper for me to have answered an inquiry on such a subject; but as I could not authoritatively remove suspicions founded on appearances, which, taken alone, would in a great majority of cases indicate what was feared, and not the singular state of disease revealed after the death of Lady Flora, I felt it my duty, considering the very peculiar responsibility which attached to me, to confide the doubt which was in my own mind to those who had a right to demand my real opinion, and who, I felt assured, could not use it in a manner unfriendly to Lady Flora.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 20, 1839.

MEANS OF IMPROVING THE MENTAL AND PHYSICAL FACULTIES.

REYNELL COATES, M.D., of Philadelphia, whose name is familiar to the medical public in various ways, delivered an address on the 20th of Oct., which was introductory to a popular course of lectures on the History of Organic Development, and the means of improving the mental and physical faculties, which has been published by the members of the class. As a whole, the discourse is characterized by good sense, and good language

fitly spoken. The doctor, like a true and courteous knight, pleads for the ladies right manfully, and thus we are led to infer that he must be popular with all the intellectual fair of Philadelphia and its liberties.

A principal object in this introductory, which will be read, we doubt not, with peculiar satisfaction by all who are so fortunate as to receive a copy, was to explain the character and tendency of the course of lectures upon which the author was then entering. He proposed to treat of the differences observed in motions and actions of animate and inanimate matter; of the resemblances between animals and vegetables; the structure and vital properties of a class of animals composed of simple elements, &c., all of which could not fail, in the hands of Dr. Coates, of being intensely interesting and instructive to a mixed audience. The manner of showing up "the proverbial vices of a village—envy, jealousy;" "the merchant, care-worn and distracted with risks of trade, looking with grudging eye upon the seemingly light and well-rewarded toil of the medical or legal student," &c., is exceedingly well done, and must have been received with approbation by all who had the good fortune to be present.

American Phrenological Journal.—Another number of the second volume of the American Phrenological Journal has come tardily to hand, as usual, which is no small disappointment, since it is a favorite not easily dispensed with. Although admirably conducted, we think the editor sometimes, through an obliging disposition, allows occasional contributors too much room. Now the article entitled "Phrenology vindicated against the charges of Materialism and Fatalism" is one of those soporific productions that would put the inhabitants of a whole township to sleep at once, if they could be placed within the compass of the reader's voice. There is such a thing as wearing out the patience of professed advocates of the science, by imprudently permitting stockjobbers in phrenology, whose self-esteem makes them most unwelcome guests, to flourish like evergreens in a large part of every number of the Journal. Mr. Editor, give us more from your own deep fountain of phrenological knowledge, and eschew those prolix manœuvres who manifest a spirited determination to sail in the ship in the capacity of passenger and captain too.

Death of Dr. Milton Antony.—Died at Augusta, Geo., Milton Antony, M.D., Professor of Obstetrics, &c., in the Medical College of Georgia. The last No. of the Southern Medical and Surgical Journal announces this melancholy intelligence in the following words. "It is with feelings of the most poignant sorrow, that we have to announce the death of Dr. Milton Antony, editor of this Journal. He expired on Thursday afternoon, the 19th inst., after an illness of five days." His loss is indeed a public calamity, and greatly to be deplored by the profession throughout the country. He retained the entire possession of his mind to the last, and the closing hours of an honorable and useful life were brightened by the hopes of a glorious immortality.

The vacancy in the Medical College has not yet been filled; nor is it decided who will in future edit the Southern Journal of Medicine.

Army Surgeons.—Dr. Adam McLaren, assistant, to be surgeon, since June 30th; vice Dr. Clark, deceased. Surgeon R. Clark, died 29th of

June in Florida. Assistant Surgeon T. J. C. Munroe, died October 23d, at Fort Niagara. Assistant Surgeon Erastus B. Wolcott has declined promotion. Assistant Surgeon Baldwin is stationed at Fort Dallas. Assistant Surgeon Conrad is at Fort Pierce. Assistant Surgeon De Leon, at Fort Smyrna. Assistant Surgeon Hughes, at Fort Lauderdale. Assistant Surgeon McLaren, at Fort Sullivan. Assistant Surgeon Worrell, at Fort Cummings.

Tying the right Subclavian Artery.—The patient is to be placed in the same position as for tying the arteria innominata. The first incision should commence immediately above the sternum, at the internal margin of the sterno-mastoid muscle, and be continued horizontally outward for the extent of about three inches; the second incision, about two inches long, should descend along the internal margin of the same muscle, so as to terminate inferiorly in the internal extremity of the preceding incision. The flap of integument thus formed is to be dissected up, and the lower part of the sterno-mastoid exposed. Behind this muscle a director is to be now introduced, on which its sternal and part of its clavicular origin should be divided. In a similar way the origin of the sterno-hyoid, and then of the sterno-thyroid, should be cautiously divided on a director. By scraping through some cellular membrane we may now get a view of the carotid artery, and by passing the finger between this vessel and the jugular vein (which is situated more externally), the subclavian artery may be felt. It is crossed near its origin by the pneumogastric and recurrent nerves, which must be drawn *inwards*, and the needle is to be carried round it, from below upwards and inwards on the inside of its vertebral branch. The cardiac filaments of the sympathetic nerve should be avoided, and the operator should bear in mind the vicinity of the cone of the pleura, as it may be wounded in performing this operation.

The operation of tying the subclavian artery in the first part of its course has been three times performed: 1st, by Mr. Colles, of Dublin; 2ndly, by Mr. Hayden, of Dublin; and 3rdly, by Mr. O'Reilly, of Dublin. —*Flood's Surgical Anatomy of the Arteries.*

Gangrene of the Heart.—The mother of a boy, ætat. 19, requested me to see her son, whom she described as laboring under brain fever. I found him perfectly insensible—pupils contracted. On examining his countenance his lips were purple, and there was a slight blue œdema about the mouth. I was satisfied that this was a severe disease of the heart, and mentioned that this was my impression. The history of the case was this: The boy had been neither ill nor well for a fortnight; he had run away from his parents, and had been lodging with his new master, in a damp cellar, upon a bed of wet straw. Since the previous day his state had become much worse. I bled him, taking away sixteen ounces, when he was able to describe the previous pain at his heart, his difficulty of breathing, faintness and weakness. Calomel, squills and digitalis were prescribed. The next day, being Friday, I found him relapsed into unconsciousness; he was again bled, but not with the same effect. He remained comatose, and sunk on the Saturday morning. The friends would allow me to examine the chest only. The lungs were sound but gorged; the pericardium, containing four ounces of flocculent serum, was altered in transparency, and thickened; the heart whitish,

flabby, but minutely injected with red air vessels; substance decomposed, and very easily torn. The right cavities presented a deep purple-brownish hue, not merely painted upon the surface, for the organs offered the same character when deeply incised. The left cavity assumed a most splendid scarlet appearance, which also continued into its substance. The valves, in texture, were of the most friable nature. I entreated permission to preserve the right cavities, but was refused, the express condition of my being permitted to make an examination being that I should take nothing away.—G. SPILSBURY, in *London Lancet*.

Medical Miscellany.—Dr. Stribling, late superintendent of the Staunton Lunatic Asylum—an office which he has just resigned—is spoken of as a candidate for the chair in the University of Virginia, vacated by Dr. Griffith.—Dr. Haynes's newly-invented instrument is properly appreciated by a discerning medical public.—Dr. Chadbourne's institution for hernia, in the same town (Concord, N. H.), has a growing reputation.—Dr. Brockenbrough is candidate for Governor of Virginia.—Dr. March, of Albany, has performed the rhinoplastic operation with a good prospect of complete success. We should be pleased to publish the particulars of the case.—The Emperor of Russia has presented to the Library of the University of New York, a splendid work on surgery, in royal folio. The plates are copper engravings, of the size of life, in duplicate sets of outline and full engraving.—One hundred and twenty-three deaths in New York last week: in Philadelphia, the week before, only seventy.

Whole number of deaths in Boston for the week ending Nov. 16, 29. Males, 17—females, 12.

Of consumption, 4—hemorrhage, 1—scarlet fever, 4—infantile, 1—smallpox, 2—chicken pox, 1—
inflammation of the brain, 1—suicide, 1—lumbar abscess, 1—inflammation of the bowels, 1—apoplexy,
1—dysentery, 1—canker rash, 1—typhus fever, 4—dropsy on the brain, 1—casualty, 1—pleurisy fever,
1—tumor, 1—lung fever, 1—stillborn, 2.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

Boston, Nov 20, 1856.

epimeop6m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

DRS. FLINT AND JONES

Propose to give a private course of Lectures on Anatomy, Physiology and Surgery, to commence December 1st, current, and continue to March 1st, 1857.

They have convenient rooms, a good Library, and such facilities for dissections as will render a course of lectures interesting and useful to medical students.

J. H. FLINT.
B. B. JONES.

Dr. F. & J. will allow their pupils daily access to their "Private Hospital," and also to witness such operations in surgery and important cases in medicine as may occur in their private practice.

Springfield, Mass., Nov. 9, 1856.

N 20—31*

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.
In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peizotto to Dr. Thompson, dated

Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$10.

June 12—1y

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 31—eptf

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—1f

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with **PURE VACCINE VIRUS**, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, NOVEMBER 27, 1839.

No. 16.

DR. DURKEE'S REMARKS ON SCROFULA.

[Concluded from page 241.]

WHEN the mesenteric glands become scrofulous, the abdomen is tumid and tender on pressure, the appetite voracious, and the whole frame emaciated; the peristaltic movements of the intestines irregular, and the evacuations often contain portions of chylous matter which the lacteals refuse to absorb. To re-animate, as far as possible, the powers of the stomach and bowels, and promote a good digestion, the only means by which a nutritious chyle can be obtained, bitter infusions, joined with occasional alteratives, should be administered. The oxymur. hydrarg., in combination with cinchona or rhubarb, to be used with no other object than to improve the digestive secretions, is useful. Dissolve one grain in 3iv. aq. rosa., and give forty to sixty drops three times a day. The hydrargyrum c. cretâ may be given also with rhubarb so as to act as an aperient every second day. The *mistura ferri comp.* constitutes a good form for the exhibition of iron, and serves a valuable purpose. If the patient be a young child, this mixture will be inconvenient, and the following may be substituted: *R. Carb. ferri, 3 iss.; pulv. calombæ, pulv. rhei, aa ʒij. M. div. in chart. No. xvi.* One to be taken morning and night, in molasses or syrup of ginger.

Daily sponging the body with warm salt water, or with soft spring water, to which a small quantity of aq. ammoniæ should be added, will be highly important. This is preferable to immersing the child, because the latter process would drive the blood from the capillaries to the internal organs, and sufficient re-action may not always follow. The whole surface of the abdomen and back should be subjected to frequent frictions. Some writers place much dependence on small quantities of mercurial ointment rubbed over the abdomen night and morning. The friction, either with or without the ointment, should continue half an hour or an hour each time. Care is necessary not to urge the use of mercurials of any description to a degree that shall excite salivation, as this would serve to increase the general debility. The best intention with which they can be administered is, that they may exert an alterative influence; at the same time it will be well to give sulphuris præcipitat. vel lactis sulphuris, magnesiæ ustæ, aa 3ss. *M.* A teaspoonful three times a day in syr. of rhubarb. This preparation forms a good aperient during an alterative course, and will be found well adapted to the delicate stomachs of children. For a child from one to two years old,

about a third of the quantity mentioned above will be sufficient. When the alterative plan has been pursued for two or three weeks, it will be best to discontinue it and resort to mild tonics. Light, simple, nutrient food should be given, and the patient allowed the free indulgence of the appetite; because, as the process of chylosis is greatly impaired, an unusual supply of aliment is required. It is useful to have a regular period intervene between the meals, if possible. An interval of three hours will generally keep the patient quiet and satisfied. The remarks elsewhere made relative to the importance and benefit of exposure and exercise in the open air need not be repeated, although nowhere more applicable than here.

In this parabysmic affection, success can rarely be expected, except in recent cases, whatever plan of treatment be adopted. The disorder will in most instances pursue its furtive course, and all that can be accomplished by the administration of medical agents, is to ameliorate the symptoms and postpone the approaching fate.

The scrofulous affection of the bones is one of the most tedious and difficult diseases that fall within the province of surgery. Many months may elapse between the direct and specific application of the cause and the subsequent production of pain or material inconvenience to the patient; and even when symptoms of morbid action do arise, their development is so gradual and insidious that both the patient and the friends are often kept in a state of false security until the favorable moment for averting ill consequences has passed, and is not to be re-called.

Surgeons have divided the disease into three stages; the adhesive, the suppurative, and the ulcerative. These morbid changes are more slowly formed and more slowly advance than the same transitions in the softer textures, and hence the cure is more protracted. It has been already observed that the bones possess an unnatural vascularity and softness. As the malady advances, a transparent fluid is first deposited in the cancelli, and afterwards a yellow, turbid, caseous matter. Vessels containing red blood are often seen communicating from the diseased bone into the contiguous cartilages. The latter subsequently ulcerate—the ulceration commencing on the surface attached to the bone.* The bone also dies, piecemeal, of ulceration, and throws out rough spiculæ. After a period of many weeks, or perhaps months, the external cellular membrane inflames, serum and coagulable lymph are effused, producing a tumefaction at first puffy and elastic, which, as the disorder continues to progress, becomes œdematous. This œdema is the forerunner of abscess, which may require many months for its maturity, and which is finally discharged by ulcerated openings and sinuses through the neighboring integuments at some distance from the joint. In the commencement, and while the disease is confined to the cancelli of the bone, but little pain is experienced, and that at intervals after exercising the limb. At length the integuments covering the joint begin to sympathize with the internal structures, and effusion into the cellular membrane takes place. As the cartilages and bone continue to

* Brodie, Cooper, &c.

ulcerate, the pain is somewhat augmented, but does not become intense until matter has formed to a considerable amount and the surrounding parts are distended and inflamed. The skin now assumes a livid color, which is circumscribed, as when the lymphatic glands are inflamed and are about to suppurate—and there is more or less of constitutional irritation. The discharge from the abscess is at first copious, thin, curdly; its quantity gradually diminishes, and it acquires more consistency, until it nearly resembles the caseous contents of the glands. When the abscess heals, it is often followed by others, in slow succession; these continue a long time nearly closed; the orifice is soft, the muscular fibres are reflected over upon each other, and it becomes prominent, like the mouth of the common sucker fish. In such cases the probe will often detect the rough surface of carious bone at the bottom of the abscess. The parts will sometimes remain for years in this state, and the constitution receive no material detriment. In other instances it is gradually undermined by the consecutive abscesses, hectic fever, and other colliquative consequences. Occasionally a recuperative process commences—the fistulous openings close up—the individual slowly recovers strength, ankylosis takes place, and a cure is accomplished.

The disease, however, is not always arrested when the articulating surfaces of the bones are thus united, nor do the sinuses invariably heal. A few weeks since I examined the body of a female, twenty-three years old, who had been afflicted with scrofula from childhood. The lymphatic glands were first implicated. At the age of eighteen she experienced an aggravation of suffering in consequence of the disorder locating itself in the right hip. For nearly a year the principal inconvenience felt in the joint and limb was a moderate degree of pain and lameness, sometimes in the hip, at others in the knee, and resembling chronic rheumatism. After the expiration of this period, the parts covering the joint tumefied, presenting an elastic sensation to the touch, and the limb soon gave out if she attempted to use it. An abscess ultimately formed—its contents escaped spontaneously, and the disorder continued to exhibit the different phases peculiar to this affection. Two years previous to death, ankylosis took place: three sinuses still remained; two directly in the groin—the other, quite small, on the anterior aspect of the femur, three inches below the hip joint. On examination, the cohesion was so perfect that it was difficult to trace the line between the head of the femur and the margin of the acetabulum. In tracing the two inguinal sinuses, they were found to originate in the os pubis. The flat part of this bone and the wing of the ilium were altered in structure, so that the blunt end of a probe readily broke it down. The bone immediately round the articular adhesion was nearly of natural solidity, though not of its natural texture. In this case the disease seemed to have retired from the joint itself, while the cancellous structure of the bones at a little distance from it was still the seat of morbid action, and was more disorganized than the surfaces composing the joint. But even when ankylosis and a perfect cure take place, it is certain that the original texture of the cancellous structure, once destroyed, can never be restored.

The chief points of distinction between the symptoms of this disease and those of idiopathic ulcerations of the cartilages, consist in the less amount of pain attendant on the former—the general habits of the patient—the extreme tediousness of the complaint, and the successive train of abscesses. During the first stage of the disorder, the symptoms are obscure. The pain and lameness are trifling, with little or no constitutional excitement. If it is in the hip joint, it announces itself by gradual emaciation of the whole limb, and by deep-seated pains through the groin. These are soon propagated along the femur to the knee, where they are concentrated in such a manner as to attract the attention of the surgeon to that joint, and this circumstance is frequently a source of error. The pain is aggravated by motion, and in walking the patient endeavors to relieve the affected limb by bearing his weight on the opposite side; the diseased limb is directed forward and bent at the knee, and there is an apparent elongation. The habit of throwing the weight of the body upon the unaffected limb after a time gives rise to lateral curvature of the spine, which establishes and increases the deformity. As the disease advances, there is considerable difficulty in rotating the joint; and if the patient be placed in the recumbent posture and the knee directed towards the pelvis, the movement will be attended with an increase of pain. The motion of direct abduction, or casting the limb sidewise, is attended with still greater difficulty and pain than that of flexion towards the abdomen. Another diagnostic symptom may be discovered by placing the patient on his feet; in this position it will be observed, on inspection, that the distance from the cleft of the nates to the spine of the ilium is greatest on the diseased side.

As the morbid action progresses, the suffering becomes more severe; the patient experiences a general uneasiness, the functions of internal life are disturbed, and febrile paroxysms supervene. It occasionally happens that ankylosis is established, and a cure is effected before the suppurative stage has time to set in; but generally purulent matter forms after the disorder has continued several months, and the copious secretion envelopes the head and superior portion of the femur, the cartilages of the joint are destroyed, the edge of the acetabulum and the head of the femur are more or less broken down by ulceration and absorption—the action of the muscles dislocates the thigh bone, which mounts upward upon the pelvis, and the limb is shortened.

The knee joint is more frequently the seat of scrofulous disease than any other. An uneasiness is first experienced in the part, accompanied with enlargement, a deep-seated pain in the head of the tibia, and a gradual diminution in the size and muscular strength of the limb. The swelling is unattended with discoloration of the skin, which becomes tense and covered with varicose veins, has a smooth, polished aspect, and its temperature is higher than that of the sound limb. As the complaint advances, the swelling increases, presenting a puffy tumefaction and concealing the natural projections of the bones composing the joint, which becomes stiffened and permanently bent. The same symptoms exist when the disease locates itself in the bones of the arm, &c.

Whatever joint is affected, the limb should be handled as little as possible and always in the most delicate manner. Not long since, a

scrofulous child, exhibiting the symptoms of this disease in the right knee, was put under my care. I explained to the friends what I considered the difficulty to be, and commenced a course of treatment which was sanctioned by another physician who saw the patient, but which failed to satisfy the immediate relatives. The patient was accordingly placed in the hands of a noted empiric. He held out high hopes of a speedy cure—and among other operations, subjected the joint several times a day to severe motion, by grasping the ankle and making the leg serve as a lever, while he pulled the limb in various directions. These manipulations occasioned considerable suffering, which was increased at every repetition. Under this administration the joint grew worse, and the friends at length took alarm; the patient was taken home, and for several weeks suffered not a little from the measures adopted by the charlatan.

Whether the articulation of a large or small joint be implicated, it is important to preserve it in a state of rest. The parts about the hip are unfortunately situated for recovery from this disease, inasmuch as the joint occupies the central point of motion between the body and lower extremities, and suspension from motion is somewhat more difficult on that account. Nevertheless, it should be a primary object to correct the patient's habit of bending the thigh and leg. This can best be done by means of a light pasteboard or bass-wood splint and bandage, which should extend from the hip to the heel. The recumbent posture should be observed as much as possible. This will prevent pressure and friction of the articulating surfaces, and serve to keep down irritation and inflammation in the cartilaginous structure. In protracted cases it will not be advisable to confine the patient for too long a period in a state of absolute rest, but the limb itself should be restricted from all action. Due regard to the improvement of the constitution will require that he be exposed to the fresh air in an open vehicle.

In adjusting a suitable apparatus to the knee or elbow joint, the limb should be somewhat flexed. Some surgeons apply a machine so as to retain the member nearly in the position which the patient has previously selected and found most comfortable. In general this will be right. It should be so fixed as best to guard against injury in case the patient should accidentally trip or stumble while walking. If one of the joints of the upper extremity be affected, a sling will fulfil all the purposes required for support.

Blisters, issues and setons should be used at a little distance from the diseased locality during the first stage. Surgeons are united in giving their sanction to these topical remedies; also to the employment of different evaporating lotions. These tend to keep the morbid action from extending to the adjacent parts, and may possibly retard supuration. Artificial pustulations from tartar emetic ointment or plaster, have occasionally usurped the place of blisters, &c., but they have proved of inferior efficacy. Baron Larrey places great reliance on the use of the moxa to check the disease in its initial stage, and to re-establish the vital properties of the parts implicated. All topical means, however, will be of little service, unless conjoined with constitutional remedies. The muriate of lime is a preparation of some value as

a tonic, and may occasionally be prescribed with conspicuous advantage. The different combinations of iron and the mineral acids are entitled to high confidence, and should be given as freely as possible without inducing gastric distress or febrile action. The comp. ammoniated tincture of guaiac. given in milk or wine whey, in dram doses, three times a day, is good. The alimentary canal should be kept quite free. As a mild cathartic, which will at the same time exert a tonic power, the following may be used. R. Pulv. rhei, ʒij.; sulph. ferri, ʒss.; saponis albi, ʒij.; extr. juglandis cinerei, ʒi.; aq. distillat. q. s. M. Ft. pil. No. 40. One to be taken morning, noon and night, every second or third day. It will be necessary to sustain the strength by diet of good and nutritious quality, cooked fruits, and every other prophylactic measure.

If the part become painful it will be expedient to have recourse to moderate local depletion with leeches. Brodie states that, in ordinary cases, the abstraction of blood from the neighborhood of the joint is not necessary; Sir A. Cooper, on the other hand, recommends the practice, and the most eminent surgeons in our own country have long since adopted it. It will afford temporary relief by disgorgeing the vessels about the articulation, and, if conducted with prudence, will not increase the constitutional debility.

If, notwithstanding our efforts to counteract the disease, the morbid habit continues to progress and give evidence of approaching suppuration, this process should be encouraged by emollient poultices and fomentations. An aggravation of the symptoms will take place, more or less severe, according to the habitudes of the patient and the size of the joint; and anodynes will be required to assuage the pain. At this crisis the intrepid Larrey resorts to the moxa for the purpose of arresting the suppuration and rousing the absorbent vessels to greater activity, that thus the purulent matter may be taken up and thrown into the circulation. The moxa, to produce action upon the diseased spot, must be applied contiguous to it; but its effects will be of too violent a character to justify its use at this period, for it will be likely to provoke still higher inflammation. Irritants of every description, near the part, will be prejudicial. Mild embrocations and dressings will be most appropriate until the contents of the abscess are liberated. The abscess should be allowed to burst spontaneously; for if an opening be made with a lancet, great irritation and a fresh attack of inflammation will be produced in the joint. It is advisable to continue the poultices, and renew them twice a day, until the tumefaction and soreness have materially abated. Great care will now be required to sustain the flagging powers of the system, by the exhibition of quinine, the different ferruginous medicines, wine, &c.

When the swelling and purulent discharge begin to diminish, we can resort with more safety and hope to the employment of local irritants, such as blisters, issues, &c., at a little distance from the seat of disease; or an issue may be kept open in one spot, and vesication repeated in another. Some surgeons prefer the renewed action of a blister to that of the unguent. sabin., or other drains. There is reason for this choice.

Artificial drains lose their efficacy in some degree after the first inflammatory action declines ; in order, therefore, to obtain the greatest benefit from them, it is best to employ a vesicatory which can be repeated at pleasure. The moxa may now be tried with advantage. Stimulating injections are sometimes proper—as, acid. nitrosi, gtt. x. ; aq. rosa., 3i. M. This may be used, warm, every second or third day. It will be serviceable in bringing forward granulations and hastening the process of exfoliation. Adhesive plasters, applied in a circular manner round the limb, will be beneficial in preserving the parts in a state of rest, and will favor ankylosis between the articulating surfaces. Less advantage will be derived from their use about the deep-seated parts of the hip joint, but even here they will do good if aided by suitable bandages. They should be so adjusted as not to interrupt the escape of matter from the sinuses. It occasionally happens that spiculæ of bone get into the cavity of the joint, or partially through the sinuses, and produce severe inflammation and constitutional suffering, and the prospect of final cure is greatly diminished. It will not be prudent in the surgeon to essay the removal of these exfoliations by dilating the fistulous openings with cere, sponge, &c., as is sometimes practised, nor should they be disturbed with a probe.

If the joint be nearly or quite destroyed, and the constitutional disturbance great, the limb should be amputated. In deciding upon the time when its removal would be a justifiable measure, the surgeon has no criterion for his guide but probabilities. The moment these are against the preservation of the diseased member and the ultimate recovery of the patient with it on, it should be cut off. It would be no act of humanity to postpone the operation and thereby diminish the chance of life. We should not, however, lose sight of the fact, that the removal of a scrofulous limb will sometimes give rise to pulmonic or other serious malady which will destroy the patient. Some years ago I assisted in amputating the fore arm of a young man who had been afflicted for a long time with scrofulous disease in the carpal bones. His strength was quite reduced at the time. Although but little promise of success awaited the operation, it had been determined on. The stump healed tardily. In the meantime the lungs became affected, and in four months the young man died of consumption. If the disorder be in the hip or shoulder joint, amputation will be out of the question.

The scrofulous disease frequently seizes upon the spinal column, and occasions the most serious mischief among these bones. Its progress is slow, but is rarely arrested by the assistance of art or cured spontaneously. The bodies of the vertebræ are more or less destroyed ; the parts which remain sink under the superincumbent weight, and distortion is produced in the bones and paralysis in the limbs. The morbid action sometimes commences in the intervertebral substance ; at others, in the cancellous texture of the vertebræ. Scrofulous matter will occasionally encroach upon the spinal canal, and in consequence of pressure upon the medulla, produce paralysis in the limbs, while the bony parts of the vertebral apparatus remain sound. An instance of this kind fell under my inspection some years since, in the case of a

boy in whom the lymphatic glands of the neck, groin and mesentery, had been affected for five years. Eight months previous to death he complained of severe pains in the back of the neck and occiput, through the shoulders, at the pit of the stomach, and along the course of the nerves distributed to the upper extremities. The latter were soon affected with numbness, spasmodic action, and finally with loss of motion. On opening into the vertebræ, that part of the cord shielded by the four superior bones was bathed in a turbid, ill-conditioned pus; the intervertebral substance was partially ulcerated and decomposed, but the osseous texture exhibited its ordinary structure and hardness. The whole column was examined, but no other morbid point discovered. In this instance the spinal affection was confined to the intervertebral spaces, and was of too short duration to bring on carious action in the bones.

During life there are no symptoms which will enable the practitioner to determine whether the lesion commences in the fibro-cartilaginous or osseous substance. In either case the patient complains of numbness in the limbs, lassitude, and difficulty in walking. There is nausea at the stomach, borborygmus, derangement of the digestive functions, and a peculiar sensation of strictness at the scrobiculis cordis, with obscure, deep-seated pains along the spine. During the last few months I have had a scrofulous patient, who has exhibited these symptoms for more than two years, and at times in a high degree. Gastric eructations and the borborygmus trouble will occasionally continue for two or three hours, with an intermission of only a few minutes. The disorder is yet in its first stage. It was induced by close, sedentary confinement and meagre diet.

As the disease progresses, the dorsal pains increase, muscular action is more impeded, without actual paralysis; and accidental retractions, with a sensation of cold, independent of the surrounding temperature, are experienced in the extremities. The form of the back does not exhibit any alteration until the caries has made considerable encroachments in the destruction of the affected part. The curvature is at first merely perceptible. In walking or sitting, the patient leans forward, and on examination, one or more of the spinous processes will be found to be more prominent than the rest, particularly if the dorsal vertebræ are affected. The degree of projection will depend on the number of vertebræ diseased.

Sometimes ulceration will proceed to a great extent without the formation of abscess. There is then a greater prospect of cure by the establishment of cohesion between the articulating processes. Not long since I obtained a specimen of carious spine in which bony union took place between the articulating processes of four dorsal vertebræ. The uniting substance was deposited to the thickness of half an inch on the external surface, extending towards the extremities of the transverse processes, and filling up the lower portion of the fossa or space between these processes and the spinous.

As the sero-purulent effusion accumulates, it offers a mechanical impediment to the functions of the spinal marrow, produces irritation in the nervous branches arising from it, and paralysis in the parts to which

these branches are sent—in consequence of which, if the lumbar or dorsal vertebræ be affected, the contents of the bladder and intestines will be expelled with difficulty or involuntarily; complete loss of motion will occur in the feet and legs, and the patient will be reduced to a state of forlorn helplessness. The matter finally extravasates through the adjacent cellular structure towards the most depending points, or towards those offering the least resistance, and produces symptomatic abscess or “abscess by congestion.” Sometimes its route is through the soft parts to the back, but quite as frequently it is developed in a spot still more distant from that of its original secretion, as the inner part of the thigh, fold of the groin, perineum, or margin of the anus; or it may take the course of the spermatic cord, and form a tumor through the abdominal ring, in which case a discrimination between this tumor and that of hernia is sometimes difficult. The general symptoms and history will usually be sufficient to declare the nature of the malady; but the surgeon cannot be too much on his guard here, and his diagnosis should be such as to leave no obscurity upon his mind as to its identity. Some years ago a practitioner in extensive business, in one of the N. England States, was called to prescribe for a small tumor projecting just outside the the abdominal ring, and of which the patient (who was otherwise diseased) had complained for several weeks. After superficial examination, the physician took out his lancet and plunged it into the tumor. A copious discharge followed—consisting of feces.

In the closing period of strumous affection of the spine, the sufferings of the individual are unremitting, and no posture he can assume will bring relief. Besides the pains in the back and loins, respiration and all the functions of the thoracic and abdominal viscera are deranged by reason of the curvature and the consequent alteration in the form of the chest. Many die from hectic fever, diarrhœa, &c.; and of the few who survive, it is rare to find one that is not the victim of irremediable deformity, and extremely liable at any future date to a recurrence of the disease from the most trivial accident.

The two principal remedies advised by all writers, are—a state of perfect repose in a horizontal attitude, and caustic issues in the vicinity of the diseased part. Although the recumbent posture is to be observed, the patient must have access to the open air in all favorable weather. For this purpose a mattress should be placed in a carriage for him to lay on, and bolsters adjusted so as to prevent any jar or motion of the spine. This passive exercise, or rather exposure, will be an essential benefit to the patient, for while the body is relieved from confinement to close air and the impure exhalations which always accumulate in the sick chamber, his mind will be kept in a more cheerful and contented frame.

In the commencement, leeches and blisters are of service, but they are less efficacious than caustic issues, which it will be necessary to continue for a long time. Moxa is the chief weapon employed by Larrey to combat this malady of the spine, as well as when it attacks the cancelli of other bones, and he claims the praise of numerous victories achieved through its instrumentality.

In October, 1838, I commenced a succession of moxas on a young

female who had been troubled with strumous affection of the dorsal vertebræ for more than a year. The disease had resisted the use of blisters, issues, &c., which had been thoroughly tried. The first application of the remedy in question consisted of one small moxa on each side of the spinous processes, about two inches from their projections. As the patient became accustomed to their use, the size was increased, and they were repeated at intervals of eight to ten days, according to the degree of inflammation produced. A favorable change was perceptible after the third application, and has continued for about twelve months, during which time the treatment has been confined to a repetition of the moxa, and the use of such internal remedies as seemed most likely to second its effects. .

The periods between the applications should be regulated by the strength and habits of the patient. In those of irritable temperament, the interval should be longer than would be required in other subjects.

Pott, Brodie, and other eminent surgeons, proscribe, as highly pernicious, the employment of all mechanical contrivances, and every other attempt to correct the figure of the distorted vertebræ by separating their surfaces, which are in contact, and which, if not disturbed, may be disposed to coalesce. If any mechanical means be resorted to, they should consist merely of retentive bandages and supports, and should not be allowed to press upon the spinous processes. When the disease has been arrested and the patient begins to recover the use of the limbs, and there is reason to believe that the carious bone has been removed, moderate exercise by walking may be allowed; and the use of some sort of corset or other instrument to support the spine and relieve it of the weight of the parts above, will be necessary.

If chronic collections of matter appear in the form of psoas or lumbar abscess, the prognosis is almost always fatal. It is seldom that any means we can employ will be attended with any other result than the delay of the patient's doom. The abscess must be allowed to take its course until it becomes quite large, and when there is a red blush upon the skin covering the purulent cavity, the contents may be set at liberty by the surgeon. Abernethy's plan of making a small valvular puncture is generally adopted. All the means adopted with a view to produce re-absorption of the purulent collection will in almost every instance prove inert, for the organization of the abscess is such that it is circumscribed by an adventitious mucous membrane which forms a separate tissue, lines the whole extent of the artificial canal, and probably secretes the fluid whose removal the topical applications are designed to accomplish. When the abscess is opened, whether by the surgeon or spontaneously, advantage is occasionally derived from injections of sulphate of zinc or alum. This will possibly diminish the secretion and promote the adhesive action, and thus the cavity be obliterated; but death generally happens from the profuseness of suppuration and from the ingress of air into the fistulous cavern. The same constitutional measures, advised under the treatment of scrofulous disease of other parts, will be applicable to that affection when seated in the spinal column.

In offering the foregoing remarks, suggested by personal experience

and such other helps as lay at my command, I do not suppose that they will be fully endorsed by all who labor in the medical field. The physician who cherishes an undivided love for his profession, and who aims to fulfil the high responsibilities connected with it, will not, in practice, content himself with the theories and statements of another; he will go to the fountain—he will study disease with his own eyes—he will employ his own pencil and draw his own delineations at the bed-side of sickness, and mark the various operations of deranged nature—he will cultivate intimate acquaintance with pathognomonic symptoms in every specimen of morbid action—he will note the peculiar features, the lights and shades, and all the modifying circumstances, which are to aid him in the important, perhaps difficult work of forming a correct judgment in the case before him.

SINGULAR STRICTURE OF THE ŒSOPHAGUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I should esteem it a very great privilege to make known, through the Journal, a case which, so far as my knowledge, or the knowledge of those whom I have consulted, extends, is without a precedent. By so doing I have hoped to secure to the case the attention of men of medical knowledge, who may be readers of your paper, and, if possible, to find some one who has been acquainted with, or heard of, a similar case, and who could give information or advice in relation to the present one.

The case is as follows: The patient, about 45 years since, at the age of 12 years, was awaked from sleep in the night and tried to swallow, but could not, the effort distressing him very much. He could swallow not a particle of anything until near sunset the next day; and then, in an instant, the passage relaxed and he swallowed with perfect ease. The same attack recurred occasionally for about 5 or 6 years, and then ceased, but left a smallness or stricture in the Œsophagus about half way between the throat and the stomach, which troubled him some during spring and fall on sudden changes of the weather, but by resorting to thin food it would recover in a few days. Since that period the difficulty has been wearing off, and the attacks became less frequent and less severe, until about a year since. During all this period, when he could swallow at all, it was without experiencing the least difficulty. In January last, the difficulty returned with more severity than ever, but by resorting to thinner food for a few days it would cease for a short time; then return, and continue 2, 3 or 4 weeks, and again so perfectly recover as that he could swallow liquid with perfect ease. After a few times swallowing, the difficulty would again return for a longer time, and with the stricture increased. It has, since last winter, returned and subsided several times. At several times during this period, when he has experienced great difficulty in the night, he has in the morning swallowed liquid with ease.

In about the last attack, before the present, the stricture subsided entirely. This was in June last; but in a few days the case returned

with such severity that he has been under the necessity of taking milk by the teaspoonful or half teaspoon. Food will readily pass as far as the stricture, and then stop for some little time, perhaps some minutes; and then, with a crackling, pass into the stomach. It is a difficult matter for the patient to take food sufficient to support nature. The neck and throat of the patient have been perfectly free from pain, swelling, inflammation and disease. The stricture appears altogether spasmodic.

If any one, whose attention may be drawn to this article, has ever known or heard of any similar case, which has been relieved or cured, he will confer a very great favor by addressing WM. C. WHITBRIDGE.
New Bedford, Mass.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 27, 1839.

ESSAY ON INSANITY.*

In July, 1837, the writer visited Dr. Allen's Asylum, at High Beach, in the county of Essex, near London, and admired its retirement, scenery, ample scope for walks, without annoyance and apparent restraint; with judicious moral and medical management, combining many aids to tranquillize disturbed and disordered minds, and enable them to resume healthy tone and action. Dr. A. says, "Here maniacal excitement is often lessened in force and bettered in direction, the sufferer being allowed, with an attendant, to ramble, dance and scream in the forest, all day, instead of being confined in a straight waistcoat.—Insanity, in many cases, consists in aggravation of original peculiarity of character. In addressing these sufferers, I deprecate a tone and manner implying they are different from other people. The impression is too general that they are mostly violent, vociferous, destructive, malicious, dangerous. Undue reference is made to the most striking cases, which are most easily described as interesting pictures, and perhaps most susceptible of relief. This may temporarily exalt or magnify the physician, but is deceptive and therefore wrong, and unnecessarily extends a system of coercion. Happily there is protection around those who are striving to relieve such distress; and they best succeed in withdrawing the sufferers as little as possible from common life. Formerly, some were kept naked, in straw; if mortification occurred from cold of the extreme parts, it was called a 'symptom of insanity'!

Careful examination and inquiry often show that intemperate feeling, wicked, irregular habits, have been followed by insanity, although it may have been attributed to a very different origin. It sometimes seems to be an effect of an over-excitation from mad pursuit of wealth, fame, distinction, the consequent distracting, overwhelming miseries of disappointment, the modes of fashion to which sensitive people, and those who have

* Essay on Insanity. By Matthew Allen, M.D., late Medical Superintendent of York Asylum, author of Lectures on the Temper and Spirit of Christianity, and on the Principles of Education, &c. "Thou shalt not break the bruised reed." "Take no pleasure in an idiot's folly, a lunatic's whims and fancies, a drunkard's frenzy. They are objects of pity, not of pastime. How thou art indebted, 'hat thou art not like them?" "The cure of mind is the most noble branch of medicine." London.

made themselves morbidly sensitive, become victims, and of which 'vanity is the root, and vexation the product.' From the exhilaration of society they go home exhausted, apathetic, discontented, peevish, making havoc of domestic peace, and producing unhealthiness of mind. Such habits sometimes terminate in alternations of irresistible excitement and depression; their subjects being illy able to withstand the effects of adversity or prosperity. Any excessive passion or propensity is an abnegation of reason. Most of those who lose the power over their minds, have been unaccustomed, in early life, to control their feelings and habits: what contrasts to the good and wise, whose balance of mind is preserved, whose spirits are tranquil and even, who enjoy internal sunshine and diffuse peace and serenity! Health and longevity correspond with the moral state: nothing seems more favorable to these than conduct well regulated, a mind habitually preserved in calm. Reflection restrains the passions; thinking on subjects of exact inquiry, by appropriating the energies to exalted purposes, diverts from exertion of the passions and inferior propensities, and strengthens the controlling influence of reason and conscience.

In management of insanity, no deception should be used, else the basis is destroyed on which moral good can be effected. Without truth there can be no confidence.* Each case requires its appropriate plan; we can hint only at the general spirit of procedure. If a sufferer can comprehend the reasoning, he may be advised that on account of things unusual and strange in his words and actions, his mind is not considered to be in a right state; that it is hoped his conduct will not confirm this impression. Sometimes a deluded person is corrected by witnessing his case caricatured in another's. There is more merriment than melancholy among the insane. I believe their average of happiness exceeds that of an equal number of other people.

Domestic strife is more subversive of peace, health and life, than is commonly perceived. Among the sufferers to whom I have ministered was one who hastily married an exceedingly beautiful girl, aged 16, uneducated; after her deficiencies as companion, &c., were developed, love cooled, a proud, impatient, uncontrollable temper was made worse, quarrels became habitual, hatred, misery and distraction. The sublime principle of rightly constituted, spiritual, mental marriage is involved in consideration of such cases. Because proper understanding of this principle is not duly impressed, the parties bring on themselves and friends, and entail on their offspring, numerous frightful evils, even the most terrible forms of insanity." It is the indispensable duty of parents and guardians to protect the immature beings intrusted to them from undertaking serious engagements, the nature of which they do not realize. When such are consummated, the victim requires to be fortified by the most prudent counsels and supports, instructed, encouraged, aided, not to shrink from, but to learn and determine to fulfil, become adapted, assimilated to the duties of the union. This seems the only mode to prevent or remedy its evils, or atone for the short-sightedness, blunder, or delusion which so prematurely induced them. Neglect of such means would argue great defect of moral sense in the responsible parties.

We would not in any degree curtail or suppress the delightful, cheerful, light-hearted and joyous buoyancy of youth, nor chill the apparent sun-

* It was a maxim of the late Dr. Bowditch, "Truth never to be, in the slightest degree, on any inducement, disregarded."

shine of what passes for external prosperity. To give to these permanency of support, to prevent heart-burnings, the bitterness of disappointment and blight of hopes and prosperity, be it remembered, the grand means of education is preparation for the serious business of life, exemption from which, riches do not purchase; why should it be craved!—that the smiling indulgence which cheers the transient tenderness and attractions of youth, passes away with them, and is succeeded by requisitions for efficient agency in the affairs of society, and for care of new helpless ones: their own parents and others, now sober and uncomely, the sedulous ministers to their children's indulgence, have been as comely and much cared for as they, and are now valued only as they usefully grace their stations.

Elements of Pathological Anatomy.—Occasional mention has been made of the progress of this excellent work, by Dr. Gross, of Cincinnati. Owing to some difficulty in procuring colorers—the engravings being essential accompaniments of the text—the publishers could not complete the two volumes as early as contemplated, when the author placed the manuscript in their hands. However, the first volume, containing five hundred and eighteen large octavo pages, elegantly executed, has been finished, and the second will soon follow. The plates have never been surpassed, in point of execution, in any medical publication in this country. The paper is fine, white and firm—the binding simple, but neat—and, best of all, the price will not place it beyond the reach of those who feel obliged to economize in the purchase of books. Thus much for the external appearance of Dr. Gross's system of Pathological Anatomy. When we have obtained the whole, which, perhaps, may be a week hence, some account will be given of its internal character. It is dedicated to Daniel Drake, M.D. It is to be lamented that hundreds of copies could not be distributed at the south and west, before the students, who are now attending medical lectures, disperse.

Auscultation and Percussion.—The celebrated treatise by A. Raciborski, M.D., translated by Minturn Post, M.D., of Newcourt, from the press of Collins, Keese & Co., meets with decided favor. It is divided into two parts; and the first is sub-divided into nine chapters. All that is requisite to be known from reading on this important subject, is clearly and lucidly written;—with little or no instruction at the bed-side, it seems to us that it would be possible for a student, with this treatise, to become tolerably skilful in detecting the condition of diseased organs. It is of consequence to be familiar with the sound of the chest in perfect health, which the learned author has not forgotten to teach. The topography of the internal machinery of life, in the normal state, including every imaginable particular, has not been slighted in the least degree. Dr. Post appears to have executed the translation with a fidelity that will gain him the applause of all who realize the inestimable value of this comparatively new mode of relieving physical suffering, by first ascertaining with positive exactness the point where the remedy is to be applied.

Vermont Asylum for the Insane.—The third annual report of the physician and superintendent has been published by order of the Legislature. In the report of the trustees, which accompanies the other, we discover

that the expenses of the institution for 1839, ending October 1st, were only \$7,612 68. The produce of the farm, which was consumed at home, is not included in the account. Unlike most charities in this country, the income has actually exceeded the expenses. The revenue derived from the board of patients, in the same time, was \$7,926 54. Trustees who can manage thus economically, and in no instance lessen the dignity of the trust confided to their care, deserve much credit, as in most cases the annual cry is—more money wanted—the outgo exceeds the income!

At the close of the last year, 36 patients remained, and 71 have been added. October 1, 69 were under the care of the superintendent. Of the 39 cases discharged, there have been 25 recovered, 8 improved, 3 unimproved, and 2 died.

Dr. Rockwell's report is a sensible paper—both scientific and business-like. The asylum is located at Brattleboro'—a charming town; and we congratulate the people of Vermont in having this benevolent establishment, which is so highly creditable to the State, under the care of an able, talented and humane physician.

Medical Miscellany.—The mortality at Mobile has been frightful. Six hundred and thirty-eight burials took place in August, September and October. Last year, in the same time, there were but 164 deaths.—No cases of yellow fever have appeared in Augusta since the first frost appeared.—November 1st, the yellow fever was raging at Natchez.—Some distressing cases of hydrophobia are represented to have occurred at Baltimore, recently.—The second report of the Boston Infirmary for Diseases of the Lungs, has been presented to our citizens, which shows very clearly that the claims which the infirmary has upon the benevolence of those who feel for the woes of others, are strong and well grounded. The particulars are reserved for another number.—Whole number of individuals who applied at the Mass. Charitable Eye and Ear Infirmary from Oct. 26, 1838, to Oct. 31, 1839, 666; number of out-door patients, 544—do. house patients, 122. No. of cases of diseases of the eye, 555—males, 276; females, 279. No. of cases of diseases of the ear, 111—males, 58; fem., 53.

DIED.—At Donaldsonville, La., Oct. 20th, Dr. Van Rensselaer, formerly of the State of New York.—At Edgewood, Virg., Dr. Carter Berkley, 72.

Whole number of deaths in Boston for the week ending Nov. 23, 33. Males, 15—females, 18.

Of consumption, 2—cholera morbus, 1—Inflammation of the bowels, 1—croup, 2—hemorrhage, 1—infantile, 1—abscess, 1—affection of the heart, 1—suicide, 1—smallpox, 3—lung fever, 1—dropsy, 2—old age, 1—debility, 1—dropsy on the brain, 1—convulsions, 1—burn, 1—fits, 3—typhous fever, 1—intemperance, 1—Inflammation of the brain, 2—mortification, 1.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Obstetrics, by EBENEZER WELLS, M.D.

Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me. Nov., 1839.

N 27—cop6t

P. CLEAVELAND, Secretary.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 30, 1839.

op1meop6m

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—lf

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

DRS. FLINT AND JONES

PROPOSE to give a private course of Lectures on Anatomy, Physiology and Surgery, to commence December 1st, current, and continue to March 1st, 1840.

They have convenient rooms, a good Library, and such facilities for dissections as will render a course of lectures interesting and useful to medical students.

J. H. FLINT.
B. B. JONES.

Dr. F. & J. will allow their pupils daily access to their "Private Hospital," and also to witness such operations in surgery and important cases in medicine as may occur in their private practice.

Springfield, Mass., Nov. 9, 1839.

N 20—21*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, DECEMBER 4, 1839.

No. 17.

ICE AS A TOPICAL REMEDY IN CERTAIN CASES OF POISONED WOUNDS.

[Communicated for the Boston Medical and Surgical Journal.]

THE intense suffering, as well as the danger to life in some instances, from the stings of bees, wasps, and other insects capable of inflicting such wounds, very properly constitute them objects of profound interest with the practitioners of medicine, and would seem to justify any reasonable efforts in the way of innovation, to improve their treatment. In this view the following communication is drawn up and presented to the profession.

Until within the last nine years, I had employed the ordinary topical remedies so familiar with practitioners in the management of cases of bee, wasp, yellow-jacket and hornet stings; and although faithfully applied, I had often to regret that they were so generally ineffectual, or tardy in affording relief. Such unsatisfactory results, very soon after I commenced the practice of medicine, induced me to attempt some improvement, or rather a modification of the plans already in use. But it was not until the year 1830 that I found myself in possession of a mode of treating these painful accidents more in accordance with my views and wishes.

About the middle of the spring of the year referred to, my attention was first directed to the use of ice as a topical remedy in bee-sting; and the idea, as well as the first case in which I used it, occurred very nearly simultaneously. The case, however, had precedence a few seconds, as the thought of employing the ice in such cases was suggested to my mind while I was hastening to the relief of one of my small children, who had just experienced a severe bee-sting on the lower lid of the left eye. In this case I instantly applied a piece of ice to the wounded part, sufficiently large to cover the lid and a considerable portion of the parts contiguous; and, by a most fortunate coincidence, the ice was already broken up, and directly in my way to the child, which enabled me to use it under the most favorable circumstances for relief, and for a fair trial of it in such a case. The child ceased crying almost instantly, declaring that it was relieved of the pain of the sting. It very soon after, however, began to complain of pain from the ice, which required its momentary removal. After the aching moderated it was again applied for a few minutes, but required to be removed temporarily from time to time, until half an hour had been consumed. I applied the ice to

the parts so as to compress them, with a view of depressing the temperature as well as their vitality decidedly, and to some extent, in the hope that by obtunding their sensibility, and at the same time suspending the circulatory operation, I might relieve pain, and prevent the swelling so apt to follow in such cases ; and my hopes were more than realized by the result.

As if to confirm my views, and to establish my confidence relative to the efficacy of ice in treating stings as speedily as possible, a case, precisely similar to the one already related, occurred the next day in my own person. My lower eyelid was stung about the inferior margin of the tarsus, from which I experienced the most intense suffering. Fortunately I had it in my power to use the ice instantly, and before, as in my child's case, the least swelling followed. The pain ceased almost the instant the ice touched the part, and did not again recur. Applying the remedy myself, it was removed before the aching, which distressed the child so much, became painful ; but it was again and again applied and removed in alternations, until fully half an hour's time had been consumed ; and finally the ice was laid aside altogether, without being followed by any return of the original pain, or the least swelling of the parts.

Since these, my first trials with the ice, I have repeatedly employed it in similar cases, and with the most satisfactory success ; and I now use it in preference to all other remedies in cases of stings, when to be had. The ice, to be effectual, should be applied before the parts swell, and always so decidedly as to benumb and deaden their sensibility. This will at once and effectually relieve the pain from the sting, and at the same time prevent those distressing constitutional symptoms which sometimes follow : it will also effectually guard against the temporary deformity from the swellings which so constantly result from stings under the ordinary modes of treatment.

With very young children, and when, too, the stings are inflicted near the eyes, or any other delicate part, which might be endangered by using some of the irritating means usually employed in such cases, the ice will prove a most valuable remedy. It will be found exceedingly useful, likewise, for the prompt and efficient relief it affords in treating the accident, when it occurs with individuals of peculiar susceptibilities, which occasionally render bee or wasp stings fatal, and suddenly so.

Ice seems to act, in the cases referred to, very nearly as cold water, but more powerfully ; and its action, too, may be assimilated to that of cupping glasses, inasmuch as it suspends the centripetal actions as well as the organic circulation, for a limited period, thereby preventing the diffusion of the poison, as well as most of the constitutional symptoms usually resulting from it. It is more efficient than cupping glasses, and infinitely more applicable on the score of convenience, as it may be applied to any external region of the body with ease and safety ; it can also be applied to the internal parts from the mouth to the stomach ; and it may be rendered more or less powerful in its depressing operation upon the vital actions, as may be required by the degree of violence or extent of the injury.

I am inclined to believe, that the ice in these cases not only relieves pain, and, prevents the diffusion of the poison from the sting, by its powerful action as a sedative, but that it also decomposes the poison, or, in some inexplicable way, deprives it of some property—perhaps a volatile principle, which may be necessary for its ready distribution and operation as such, with the constitution. In this opinion I am supported by the fact, that swellings and soreness rarely, if ever, follow stings, after ice has been efficiently applied, and in due time. It can hardly be supposed to operate remediate by diluting, and in that way to weaken the poison so as to render it inert. The fluid formed by the melting of ice, when applied to a stung part, would not be likely to enter so delicate a puncture as that formed by a sting, in sufficient quantity to dilute the poison, so as to wash it away, or to render it inert. That the poison, in every case of sting, is usually deposited in the textures through the puncture formed by the sting, cannot be questioned; and I will add, completely beyond the action of any other but the most attenuated fluids.

May not a more prolonged and decided application of the ice prove equally beneficial in the management of every species of poisoned wound from insects, reptiles, and even rabid animals? I think it may; and should cases occur, I shall certainly give it a fair trial in their treatment.

If any record of the use of ice, in treating poisoned wounds, exists, I am totally ignorant of it. I am sensible that cold water has been often recommended in the cases in question—nay, it has frequently been employed by myself. But as far as I know to the contrary, this is the first written account of the use of ice as a remedy in poisoned wounds of the kind here considered. JOHN P. METTAUER, M.D., of Virginia.

Prince Edward C. H., Oct. 26, 1839.

TEMPERANCE IN ALL THINGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Though I had your permission, some time ago, to present a few thoughts to your readers on the subject of temperance in all things, or, as some call it, ultra-temperance, yet I might never have availed myself of the opportunity afforded by your generous offer, had not our brother "Senex" come out, in recent numbers of your Journal, with views so strange that I felt myself compelled to speak. Thus we are sometimes, as the scriptures say, "provoked" to "good works," when no other motive will draw us out of the ordinary routine of selfishness.

Allow me to begin my course of remarks by noticing the criticisms of one of your correspondents, of about a year ago, on my little book on "Vegetable Diet;" and by presenting a few thoughts in the way of self-defence.

Your correspondent, in No. 12, Vol. XIX., after introducing me to the medical public as an author, and saying many good things of my general intentions, proceeds to say of me: "He has joined Mr. Graham and a small band of kindred spirits, and is earnest and eloquent in

denouncing the use of flesh, and applauding the virtues of abstinence and starvation.¹

But where, Mr. Editor, is the evidence that I have joined Mr. Graham? Is it found in the fact that the Graham Journal sometimes quotes from my writings? But this is done to at least an equal extent by the Thomsonians. Why not infer, then, that I have joined the Thomsonians? Is it said that I have disclaimed this? So have I, from the very first—and with equal distinctness—disclaimed Grahamism. Is the evidence to be found in the fact that the Grahamites *claim* that I belong to their party? But so do the Thomsonians; or so, at least, they *have* done. Is it because I have presided, some two or three years, over a society of inquiry on the subject of health, a part of whose members—but a part only—are Grahamites? Is it found in the fact that this society, of which I am president, is accustomed to publish its proceedings in the Graham Journal, because, as I suppose, no other paper or journal will admit its proceedings to its columns, at least without considerable expense? Or is it found, lastly, in the fact that among other items of improvements which I would introduce into social life, is the disuse, the general disuse, of flesh as an article of food? Not that I denounce flesh entirely, and in all circumstances; for this I have never done. I have only, at the most, attempted to show “a more excellent way,” as a general fact, than to use it. Yet if this is joining Mr. Graham, then Professor Mussey, and a host of others who have abandoned the use of flesh meat, have also joined him; though many of them, as is well known, would repel the idea of being regarded as his disciples—perhaps with indignation. Nay, more still; on this principle I see not but it must follow that the Bible Society of Christians, a sect which sprung up in England 30 years ago, but which now numbers near a thousand communicants, with one or two colonies in this country, must be Grahamites, for they, too, reject flesh. True, they never heard of Mr. Graham, as a teacher on this subject, nor did any body else, till about seven or eight years ago; but then, if we make abstinence from flesh meat, whatever may have led us to abstain, the test of discipleship, they are surely Grahamites. So with Dr. Lamb and his followers in England, during the last 40 years; so with Dr. Cheyne, 200 years ago; and so with the Pythagoreans, the Essenes, the Persians and the Egyptians; indeed, so—out of Britain and the United States—with the “bone and sinew” of the world in all known ages, to the present time. The majority of the hard-working classes have been and still are—though it be from necessity—vegetable eaters.

But it is not true that I have joined Mr. Graham, nor that I have been earnest or eloquent in “applauding the virtues of abstinence and starvation.” In this respect, no less than in many others, I am often wholly misrepresented. I am so, both by the writer in question, and by your correspondent Senex; and though I have sometimes resolved to bear these misrepresentations in silence—and would do so were personal reputation alone concerned—yet it does appear to me, on the whole, that the time has arrived when a regard to the public good demands that

I should defend myself so far as to state distinctly and implicitly, but briefly, what my purposes are.

What I have in view, then, is neither more nor less than to aid in carrying out the great object of Christianity—TO MAKE MANKIND BETTER. I suppose that the instructors and elevators of mankind have hitherto—very generally—made a serious mistake, in not endeavoring to elevate, in due proportion, their *whole* nature. They have hoped to raise man, *intellectually and morally*, and have labored in season and out of season, to accomplish this object, without doing much for him *physically*. They seem to have forgotten to look for his redemption “wholly”—as Paul expresses it—“body, soul and spirit.” This has greatly retarded—and in my view continues to retard—the wheels of reform. Attempts to inculcate on mankind the necessity of obeying the Creator’s natural laws, as well as his moral ones, have been very few indeed. In our feeble, vacillating, half-earnest efforts to obey revealed law, the laws within and around us have been, very generally, overlooked or practically disregarded.

Moreover, wherever human reformation has been attempted in a rational manner, it has usually been with a primary reference to those whose characters of body and mind are already, in a good degree, fixed. The most aimed at has been *correction*; few, indeed, have done much in the way of *prevention*, or seemed to appreciate the importance of applying their efforts in this particular department.

In attempting, as I have done, during the last few years, to prevent some of the *physical evils* which prevail among us, and to promote *physical good*, I have found it my duty to make war, to a very great extent, on existing customs and usages. I have been compelled to complain of quackery, in various forms, both regular and unlicensed. I have complained both of neglect of education, and mis-education. I have pleaded, to some extent, the cause of natural law. I have appealed to parents and masters and teachers, especially on the subject of correct physical education. I have tried to turn off the public attention, in part at least, from office seeking and pleasure chasing and money making, and direct it to the best good of the rising generation. Among other classes to whom I have appealed, have been the proprietors of shops and factories. I have sought to direct attention, here, to the health and morals of the operatives. I have spoken of the laws and relations of the human constitution, and have urged, with all the earnestness in my power, the importance and necessity of making the study of these laws exceedingly prominent in all our families and schools. I have even ventured on the opinion that neither the professed disciples of Jesus Christ, nor their teachers, can become as perfect as they desire to be, while they continue, in a highly civilized state of society, to neglect, as they have hitherto done, these laws and relations.

In endeavoring, from time to time, to explain some of these laws, and to point to some of these relations, it has appeared to be my duty to advert to many daily violations of natural law, within us and around us. I have spoken of the various forms of intemperance which exist in society, whether in regard to one appetite or another, and whether from

privation, irregularity or excess—of air, exercise, food, drink, sleep, recreations, employment, study, &c. I have endeavored to expose error, both as regards quantity and quality.

As long as what I taught corresponded with the views of Combe and others of the same school of philosophy, all has seemed to go on very smoothly. But whenever, in the expression of my own independent opinion, I have departed one iota from received doctrines—the most *fashionable fashion* in opinion—an outcry has been raised. I have said but little, that is *comparatively*, on the subject of dietetics, but have expended the far greater proportion of my efforts in endeavoring to remove that murderous quackery, moral and physical, which everywhere prevails, and the ignorance in which it thrives. Still, whenever I have touched upon any topic which led inevitably to the inculcation of self-denial—to the restraint of any one of the *three animal appetites*—it has been my lot to awaken, most strongly, the opposition of those whose bodies are not kept in due subjection, as well as of some from whom we might hope better things. My remarks have called forth, at times, whole torrents, not of sober argument, but of ridicule and reproach. Argument, had it been elicited, I should have been prepared to meet. Those who have opposed my views, in the columns of your Journal, have, without the slightest exception, fallen into the error of assailing me with confident assertions, reproaches or ridicule, or at most with arguments that were obsolete, not to say worn threadbare.

This species of opposition will never do. The cause I have espoused—be it true or untrue—is not to be put down by ridicule and reproach; by crying out “bran bread and water,” “starvation,” “mad-dog,” or “Grahamism.” Such outcries may deter people from inquiry for a little while, but they soon lose their effect. And I say again, that if I am to be put down at all, it must be by sober argument.

But enough of mere personal defence. It was painful to me to begin with such a course of remark, and it is exceedingly gratifying to me to close it. Under various heads, such as the Natural Food of Man, Artificial Drinks, Temperance, Longevity, &c., I propose to meet, in a few successive numbers of your Journal, everything worth answering which your correspondents have brought against the views I entertain; and also to show, to every candid and ingenuous medical man, that the reform at which I aim, is one at which—as a lover of just medical science as well as of intelligence, virtue, and sound piety—he could not fail to rejoice. It is in truth—I repeat it—the application of Christianity, pure and undefiled, to the physical condition and physical and moral redemption and renovation of man.

Yours, &c.

Dedham, Oct. 31st, 1839.

WM. A. ALCOTT.

ULTRAISM.

[Communicated for the Boston Medical and Surgical Journal.]

INNOVATION is the order of the day. It pervades every class and calling in the community. From the elevated statesman, who devises

the laws and regulations which bind together the different elements of which society is composed, down to the most obscure mechanic in the most insignificant art, it is the *presiding genius*. This is as it should be. We are wiser than were our fathers, and we are willing to believe that our children will be wiser than ourselves. Were it not for this spirit of change and innovation, the world would forever remain in *status quo*; the condition of man would cease to be gradually improving, and the whole human race, like the Egyptians of old, would relapse back into a state of darkness, ignorance and doubt. If it had not been for this love of change implanted in the human breast, we should never have heard of those modern discoveries and inventions, that show the ingenuity of man, and assert the sovereignty of the human mind.

It is only when this spirit is carried to extremes—when it runs into ultraism, that it becomes subversive of the good it would otherwise accomplish. And, unfortunately, this spirit of innovation has of late years been too often carried to extremes, and especially has this been the case in medical science.

We often hear it remarked that this is an age of realities—an age unfavorable to poetical fictions, to airy speculations and visionary theories. But this remark is the farthest possible from truth. Men now indulge themselves in as wild dreams, as visionary fancies, and as absurd speculations, as ever they did in the most palmy days of chivalry, when courtly knights and crazy squires wandered about the country, seeking adventures, armed to the teeth against giants, and for the especial protection of bewildered maidens. What! call this an age of reality and common sense, when animal magnetism is attracting the wonder and astonishment of the world! Call this an age of reason, when homœopathy, with all its glaring absurdity and ridiculous theories, finds its advocates! Call this an unvisionary age, when the pale, half-starved vegetable-eater comes forward with his consumptive visage and emaciated limbs, and tells you that he is the “properest” formed man—that his limbs are fashioned in the mould of beauty! and when he farther tells you that the abundance of flesh with which the Almighty has filled the earth was not made to be eaten—that the innumerable herds that roam over the thousand hills were not provided for the benefit and sustenance of man—that man must live upon the herb—when, I say, he tells you these things, and finds those who believe him and endeavor to follow his precepts, would you believe that you existed in an age of reality and common sense?

It is now almost impossible for a man to become known and popular in the medical profession by straight-forward, plain common sense. He must be the author of some monstrous theory, or the starter of some novel doctrine, if he would get his name up. Talk of moderation, of reason, and of an intellect that is able to demonstrate all its assertions! It will do well to talk of these qualities, but they will avail us but little in the profession of medicine at this epoch of time. Moderation is trampled under foot; every one imagines himself possessed of common sense, and men are now too much engaged in gathering up the gear of this world to permit them to listen to demonstration. It is, therefore,

nothing but startling assertions, which cannot be maintained by reason, that now attract the attention of the world in our profession.

If, then, you would wish to aspire to eminence in the science of medicine, you must launch out, and go the whole figure in something. Become the advocate of some new theory, or some dogma dropped from the overflowing mind of some great man. No matter how absurd the doctrine you advocate. The more absurd, the more conspicuous you will appear, if you can contrive to make yourself as wild and as enthusiastic in its support as the doctrine itself is revolting and ridiculous. If you can hit upon no other way to make yourself notorious, become a Grahamite, an animal magnetizer, a steamer, or anything, in fact. No matter what you take up in our profession; if you only become somewhat insane and inspired in its support, your fortune and your reputation are made.

We often talk of merit succeeding in the medical profession. But small is the chance for merit, when it has to compete with brow-beating impudence. Modest merit will always stand abashed to hear impudence proclaim its virtues and its many acquirements. It matters not how small a man's talents are, or how few are his acquired abilities; if he is able to puff himself, he will surely succeed.

Let not, then, the medical tyro rely on his talents, his learning and his acquirements, for success in the profession. Talents, if he does not have a peculiar faculty of showing them, will lie buried, and the people will trample on them in contempt; while the blusterer, with scarcely a scrap of learning and less honor, will be raised into favor. I would not here speak lightly of learning and science in the medical profession; science and application are the only qualities that can make a medical man truly great. But let him be cautious, lest, whilst he is giving his attention to scientific investigations, the quack, the mere pretender, the man without merit or honor, run away with all the profit of the profession.

I have known a quack who was not acquainted with even the first rudiments of the science of medicine, go into a city, and by mere dint of blustering and puffing, gull the people out of more money than all the rest of the physicians of the city received for all their hard services. He was a Grahamite—he was a Thomsonian—a vender of nostrums, and a puffer of placebos—and the people brought unto him their lame, their halt and their blind, and even besought him to touch them, as if they believed him possessed of the powers of a Saviour. And they would have continued to think him a superior being, if he had not unfortunately committed an extensive forgery, and cleared out with another man's wife, leaving the sick to heal the sick, and the dead to bury their dead.

I would again say to the young practitioner, if you wish to succeed, become an ultraist, an enthusiast, a monomaniac, or, indeed, anything that may attract the attention of the people. If you are a scientific man, you must, in these days, use quackery, in order to bring your science into action. Quackery must be your van guard, but science the body of your force. Without your van guard, you would be taken by

surprise ; and without science, you are weak and puerile, just fit to contend with

The noisy quack, who by profession lies,
And utters falsehoods of enormous size.

Gray (Me.), Oct., 1839.

N. H. ALLEN.

LABOR WITHOUT PAIN.

[A CORRESPONDENT in Virginia, to whom we are indebted for many favors, has kindly related the following case, which occurred in the practice of Dr. J. N. Powell, an eminent practitioner in that State.]

In the year 1834 (February 5th), says Dr. Powell, I was requested to visit a servant woman, the property of Mr. Jno. L. Bailey, who was represented to me *as being in labor*. Upon my arrival, the old midwife directed my attention to a huge mass of something, lying upon the bed, of which, she informed me, the woman had just been delivered. By this time I had been in sufficiently long to know that if the woman had been in labor, she was not then so ; for she had no parturient pains, the abdominal tumor had subsided, and the *uterus* contracted, I was myself at first at a loss to conceive the character of the product, but upon examining it, soon discovered it was a *fetus* enveloped in the membranes, precisely as *in utero*, except that the *placenta* had been detached from the *uterus*, and expelled along with the *fœtus* and membranes. I ruptured the membranes ; the *liquor amnii* was discharged, and a full-grown *fœtus* exhibited to view, occupying the exact position that it had done in the *uterus*, and illustrating the force of the expression of the celebrated Hogarth, that "it was an excellent living specimen of retirement from the world." The umbilical cord still *feebly* pulsated (scarcely perceptible), and I attempted its resuscitation, but in vain ; it was too late.

This is the first instance of the kind that has come under my observation in an extensive practice of 6 or 8 years ; and I don't know that I have seen a *similar case recorded*. The process of labor is usually *gradual*, exhibiting regular and successive phenomena, and giving a timely premonition of the approaching event. But in this case most of the incipient indications of labor were absent, and the condition of the *os uteri*, as to dilatation and resistance, being favorable, when pain supervened, by one powerful contractile effort of the womb *all its contents were expelled* ; thus verifying the language of the distinguished Harvey—" *Fœtus ejicitur, potius quam paritur.*"

ON VACCINATION.

BY EDWARD LEESE, ESQ., M.R.C.S.

In different ages of the world, more human beings have been destroyed by the ravages of smallpox, than by any other known disease ; consequently there cannot be a medical subject of greater interest and im-

portance to society, than the attainment of care and knowledge with regard to the properties of the *vaccine lymph*, and the best mode of conducting *vaccination*, so as to call forth the prophylactic powers with which it is endowed. To show the average number of those who take variola after vaccination, many statistical accounts have come before the public ; none more startling than that from the Smallpox Hospital at St. Pancras ; but when we take into consideration the grade of persons who are generally the patients of that institution, our marvelling will somewhat abate ; they being such as very probably had been vaccinated in the most careless manner, and whose representations as to what had previously been produced in their arms cannot always be depended upon. Had an account of the vaccination done by their own officers accompanied this document, a very marked difference would, no doubt, have been apparent ; and it is consolatory to find that their report is at variance with the result of my own practice, as also differing, exceedingly, from the statements of others—some taking their rise from the experience of men who have had before them wide fields for observation. That taken from official records for the district of Chelsea, by Mr. Barrett Marshall, carries with it the genuine marks of sound, practical information, and for careful personal investigation is particularly conspicuous.

That vaccination does generally, and for the most part, afford protection against variola, has been proved by the immense numbers that have, at different times since the year 1798, been submitted to it ; and if this lymph, derived from the cow, possesses power to secure, with slight suffering, and no danger, 95 or 90 individuals in every hundred, why should it in a few instances disappoint our wishes and expectations ? Some men have supposed the virus to have lost, by repeated transmissions through the human subject, a portion of those properties it in the first instance possessed. With other morbid poisons this is not found to be the case, nor is it with our ancient and destructive enemy, *variola*. The matter of this disease, and the infection, are as virulent in our time as they were when first described by Rhazes, and other Arabian physicians. If several individuals be inoculated from one and the same pustule, the symptoms in each may differ, as the idiosyncrasy of each may vary ; in one the disease may be mild and distinct, in another severe, confluent and fatal ; still, either of these forms may produce its reverse without our option ; and if the mortality be not now as great as heretofore, it is to the better condition of our cities—of our habitations, ventilation, mode of living, and the improved method of treating the disease, we are to look for the alteration, rather than to the disease *per se* ; the *materia morbi* has ever been the same ; the germ of the disease is developed *de novo* in each instance ; the effects alone are modified by the extrinsic circumstances. So with regard to the vaccine lymph ; there does not appear to be any good or well-founded reason for supposing it to have lost any portion of those properties it possessed in the time of Jenner.

Smallpox has sometimes followed its use, not because the lymph itself has degenerated, but in consequence of the feeble and scanty manner

in which it has been applied ; *not* in the material, but in the manipulation of it, lies the fault. As before stated, all human constitutions are not alike, neither is the susceptibility to variola alike in every person ; one may be partially, or for a time only—another may appear fully and permanently secured by the agency of a *single vesicle*, which at best can make an impression slight only in degree, extending but feebly through the general system, or perchance, may be as local and circumscribed as a boil of the most trivial kind.

An attempt to explain the precise nature of that change in the human economy which generally prevents the recurrence of measles, scarlatina, smallpox, and other specific diseases, as they are termed, would here be merely a waste of time, whether it be in the blood, or the vessels containing the circulating fluid ; in the brain, or sentient extremities of the nerves ; but this we know, that "*pyrexia*" is a never-failing symptom, accompanying either of these diseases ; and this analogy supports the belief that to bring into effect the permanent prophylactic powers of vaccine lymph, a *certain quantum of symptomatic fever* must be excited, as a *sine qua non* ; and if a solitary vesicle be now and then sufficient, *a fortiori*, a larger number will be more sure to produce this desirable change. A wide range is open to us ere it reach the intensity at all times accompanying variola, but it never has, by any mode of practice, been so excited as to hazard the life of the patient, much less to propagate and diffuse through a neighborhood either contagion or infection.

The cases of smallpox after vaccination that have fallen under my observation, have always shown the former to be modified by the previous vaccine process, and the severity as well as the duration of the dangerous symptoms to be mitigated in proportion to the number of existing cicatrices, and these I take to be presumptive evidence as to the degree of constitutional impression made by the vaccination ; such an opinion is amply sustained by the effects which follow a repetition of vaccination.

During the year 1838 about 300 persons, of various ages, applied at the station in Baker street to be re-vaccinated ; in many 15 to 25 years had intervened since the former application of vaccine lymph ; in others more than 30 years, having been done by various practitioners in different parts of the empire ; to each of these individuals "*fluid virus*" was applied by me, by three punctures in each arm ; of these patients 235 attended subsequently for inspection, when the appearances were noted in the register ; and by reference to this we find that 88 of them had but *one* vaccine cicatrix ; 95 had *two* ; 22 had *three* ; 23 had *four* ; 3 had *five* ; 4 had *six*. The degree of intensity and duration of effect arising from the second application of fluid virus, was evidently governed more by the number of vaccine cicatrices already existing, than by the lapse of time intervening. A glance at the table on the following page will exemplify this fact.

Thus it would appear that those who already bore *five or six cicatrices* of vaccination almost wholly resisted the action of virus a second time ; of those who had *three or four* cicatrices, a small portion only showed much effect ; whereas in those who had but *one* or even *two* cicatrices, the

effect was almost invariably great, the vesicles progressing regularly, having areola on the 8th or 9th day, with the usual febrile excitement, in consequence of the imperfect and superficial manner in which they had been previously vaccinated, rather than of the interval that had elapsed, the degree of intensity being in the inverse ratio to that of the former application. The case is similar with regard to smallpox occurring after vaccination, its symptoms and duration being mitigated in proportion to the intensity of the vaccine process.

Number of Patients Re-vaccinated.	Number of Cicatrices in each Patient.	Degree of intensity by Re-vaccination.	
		Effect slight.	Effect great—perfect vesicles and areolæ.
In . . . 88	1	9	79
95	2	21	74
22	3	7	15
23	4	19	4
3	5	3	—
4	6	4	—
235			

As such pathological principles as I have here brought into view (published as far back as the year 1812, and more particularly in 1833), have guided my practice for more than thirty years, I am in the habit of making in my patients, with fluid virus, *three punctures in each arm*, and do not rest satisfied unless these, or at least *four* of them, take effect. In the prophylactic efficacy of vaccine virus, when administered with fair and proper degree of force, I feel confident, and do not doubt but that the human constitution may be secured thereby against all the dangers of smallpox.—*London Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 4, 1839.

LECTURES ON PHRENOLOGY.*

MR. COLMAN, a New York publisher, with whose enterprise we are all familiar, as he formerly resided in Boston, has given the public a volume which will be read with delight by all who love the study of nature. Mr. Andrew Boardman, Secretary of the Phrenological Society of New York, when Mr. Combe commenced his series of lectures in that city the last winter, agreed to furnish certain newspapers with condensed reports. These were read with avidity by the great public, throughout the country, and in that way those who entertained erroneous views of the science of phrenology, were shown that the Edinburgh philosopher was not only a profound reasoner, but a teacher to whom the most learned might listen

* Lectures on Phrenology, by George Combe, Esq., including its application to the present and prospective condition of the United States. With notes, an introductory essay, and an historical sketch, by Andrew Boardman. New York: Samuel Colman. 8vo., p. 269. 1839.

with profit and increasing satisfaction. These reports are contained in the present volume.

In the preface there is a sort of paragraphic description of Mr. Combe's personal appearance, even to the color of his hair. Now this is a little too minute; the reporter might have waited a while—for he has fairly robbed some future biographer of item after item which constitute the very cream of a great man's description after he is dead. Again, we protest against the black, six-inch profile caricature of the lecturer, facing the title page. It is puerile: it lessens the dignity of the subject, and exhibits a gentleman, for whom we entertain the warmest feelings of respect, as an object to be shown off like a Nemean lion.

An essay on the phrenological mode of investigation, is an admirable paper. If this emanated exclusively from Mr. Boardman, it is evident that his brain is a most noble organ. As we have no room to dwell upon it, much as we should like to show its good sense and its beauties, nor an opportunity for analyzing the sketch of the rise, progress and present condition of phrenology, an extensive domain must necessarily be passed by, as a traveller in a stage-coach sweeps by a succession of cultivated fields and verdant landscapes, regretting that he has not leisure for enjoying the whole without interruption.

Finally, at the ninety-first page, the proper subject matter of the book begins, viz., lectures on phrenology and its application. From our recollection of what we heard the lecturer say in Boston, in the first course he delivered in this country, we are impressed with the accuracy of the reporter. In some sentences the language seems to be exactly the same—and with respect to the spirit of the discourses, it is all there—no evaporation has taken place. We do not wish to conceal the fact that we like the book right well; and with respect to Mr. Combe, we are proud to say that we still believe—what was often declared in this Journal on his first arrival, and before our cotemporaries had begun to comment—that he is fully entitled to all the civilities, hospitalities and attentions from our countrymen, which a philosopher of universal fame has a right to expect among a people proud of their institutions, their independence, and their freedom from prejudice against the literati of the old world.

Experiments on the Action of the Heart.—An unpretending little pamphlet, of eighteen pages, entitled "Report of Experiments on the Action of the Heart, by C. W. Pennock, M.D., Physician to the Philadelphia Hospital, Blockley, and E. M. Moore, M.D., late physician to the Frankford Asylum," contains some important facts, which, to the physiologist, are of the highest import. The gentlemen, who show themselves so admirably qualified to continue the subject, ought not to rest from their labors till they have reared a monument, by their united industry, that will be honorable to the age, to their own memories, and to the progress of science in the new world. It is because the number who manifest an enterprising spirit in the field of physiological research, in this country, is so small, that we are anxious to have something done which shall be creditable to the profession of the United States. Having been read before the Philadelphia Pathological Society, and published in the Medical Examiner, it would hardly be proper to republish any of the experiments here, although the temptation is a very strong one.

English Surgeons.—Dr. Gibson, Professor of Surgery, &c., in the University of Penn., in his introductory Lecture, November, 1839, observes—"Next to Sir Astley Cooper, the most prominent surgeon of London, perhaps, is Sir Benjamin Brodie, long one of the principal lecturers of the great Hunterian school of St. George's Hospital. Among the 400 inmates there, I last year saw many diseased joints. I asked him if he amputated as many as formerly; he said 'not a twentieth part: I manage by rest, position, splints, diet.' I was delighted by such candor. I had long condemned, in my lectures, the numerous operations recommended in his work, substituting the simple, efficient remedies which he had mentioned.

"What medical man, from any country, would visit London without seeing Wm. Lawrence, well known to the whole world for extent and variety of information, an anatomist and surgeon, a superior being! Amidst a crowd of admiring pupils, in the large, numerous wards of St. Bart's Hospital, I saw him closely question each patient's symptoms, prescribe very carefully, and take deep interest in each. There were several long-standing cancerous breasts (one of 11 years), for which most gentle palliatives only were employed. He had 'long known that many such breasts, if let alone, would not prove fatal for a long time; but, if they were extirpated, the disease would return speedily and with immense suffering.'

"At the North London Hospital, Mr. Liston, turning quickly to a dresser who had covered a wound with cerate, said, 'what benefit from that grease! pray take it away.'—A respectable lady, her husband and daughter, strongly desired and implored to have a cancerous breast removed. He examined very closely, and finding the glands of the arm-pit enlarged, said, 'let the breast alone, you may live for years; if I cut it out it will return in three months, and you will die.'"

Asylum for the Blind, Virginia.—Dr. J. C. M. Merrilat, principal, and Mr. William Graham, teacher of the blind in the Asylum, have both arrived at Staunton, Virg., and the institution is to go into immediate operation. No account has been received of an appointment of a physician to the Insane Asylum in that town, in the place of Dr. Stribling, who resigned some weeks ago. It is presumed that the trustees will find it somewhat difficult to make that gentleman's place good.

Medical Miscellany.—Dr. Howard, late a Professor in the Medical Department of the University of Maryland, has been appointed Professor of Medicine in the University of Virginia, and has accepted the appointment.—No. 1, of the 4th volume, of Dr. Bell's Select Medical Library and Eclectic Journal of Medicine has come to hand, and exhibits no diminution of interest in either department. This No. of the Library commences Holland's Medical Notes and Reflections.—A late No. of the Philadelphia Medical Examiner contains the report of a case of extra-uterine pregnancy, by Charles D. Meigs, M.D., with a lithographic engraving.—A black frost has finally appeared at Natchez, and with it returning health.—Dr. J. O'Conner Barclay, Assistant Surgeon of the Navy, is ordered to the Navy Yard, Charlestown, Mass.; and Dr. R. W. Jaffrey, Assistant Surgeon, is required to go on board the Schooner Wave.—Vol. II. of Dr. Gross's beautiful work on Pathological Anatomy is finishing. Marsh,

Capen, Lyon & Webb, the publishers, may be addressed for single copies, which might be transmitted by gentlemen who happen to be visiting Boston on business.—Several engravings, illustrating the appearance and mode of applying Dr. Heber Chase's instruments, are on hand, to be used as soon as space can be had to introduce them.—Smallpox has appeared in several towns in the vicinity of Boston.—Dr. Butler, late of Worcester, has taken up his official residence at the South Boston Institutions.—Dr. Webster's Chemistry is now publishing. His curious experiments of late, and particularly the solidification of carbonic acid gas, at the Medical College, Mason street, have afforded peculiar gratification to audiences capable of appreciating their merit.—Dr. Henry Frost, of Westmoreland, Virginia, has had the honorary degree of Doctor in Medicine conferred upon him by the Berkshire Medical Institution.—The number of suicides which have been recently committed in England is exciting the serious attention of the public. In London they are thought to average one a day.—From a return made to the British Parliament by the coroners of England and Wales, for the last two years, it appears that in that time no fewer than 192 persons were *accidentally* poisoned, mostly through the carelessness or ignorance of apothecaries.—One hundred and eighty students were matriculated at the opening of the Medical Institute at Louisville, Ky.,—an excellent beginning.—The boring for an Artesian well in the plain of Grenelle has been carried to the depth of 483 metres, without arriving at a source of water. It has, however, been discovered that the temperature increases one degree for every 39 metres of depth, and it is hence probable, that when water does ascend it will be at the temperature of a warm bath.—Dr. Kopp, of Hanau, strongly recommends the following formula in scrofulous ophthalmia. R. Ext. conium, 3i.; cinnamon water, 3iv. Dissolve. To children from 2 to 3 years and upwards, four drops thrice a day, gradually increasing the dose by one drop.

NOTICES.—D. W. Seiders, of Waldboro', Me., is authorized to act as agent for the Boston Medical and Surgical Journal and the American Medical Almanac.

The attention of subscribers is again directed to the fact that their subscription money may be sent through the postmasters of their respective towns. The following is an extract of a letter from the Postmaster General to an Editor in Rhode Island.

"A Postmaster may inclose money in a letter to the publisher of a newspaper, to pay the subscription of a third person, and frank the letter, if written by himself.

AMOS KENDALL."

Subscribers in Massachusetts are also reminded that an opportunity to make remittances by their representatives, on their annual visit to Boston, will soon be afforded.

Whole number of deaths in Boston for the week ending Nov. 30, 38. Males, 20—females, 18.

Of consumption, 6—scarlet fever, 3—smallpox, 2—infantile, 3—apoplexy, 1—dropsy on the brain, 1—old age, 1—syphilis, 1—debility, 1—lung fever, 1—sudden, 1—bilious fever, 1—inflammation of the lungs, 1—casualty, 1—inflammation of the brain, 1—tumor, 1—fits, 1—child-bed, 1—stillborn, 4.

ORTHOPEDIC INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Bellmap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Platt, John Flint.

Boston, August 1, 1838.

tt

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—tf

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 31—eptf

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 20, 1889.

epimeopsm

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.

References.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 124 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, DECEMBER 11, 1839.

No. 18.

THE LATE DR. BELDEN.

[Communicated for the Boston Medical and Surgical Journal.]

THE loss which a community sustains in the death of an intelligent and beloved physician, is severe, and often irreparable—not so much that one of equal skill cannot be substituted, as that the confidence reposed in the *one* cannot immediately be transferred to the *other*. Such a physician is not only the medical adviser, but often, also, the friend and confidant of the sick; he sympathizes with them in their sufferings, enters into all their feelings, and is a comforter in all their trials. His presence and encouragement are often as beneficial as the medicine which he prescribes. When death removes him, they feel that their security is gone; that life is less valuable, because more uncertain and because one of the sources of enjoyment is removed; and that a severe trial awaits them in selecting another in whose knowledge and judgment they can place the same confidence, and on whose integrity and friendship they can as safely rely.

These reflections have been awakened by the wide-spread sorrow and lamentation occasioned by the death of that excellent man and estimable physician, Dr. Lemuel W. Belden, of Springfield, Mass., who recently fell a victim to the malignant typhous fever, which has prevailed somewhat extensively in that vicinity.

Dr. Belden was a native of Wethersfield, Conn., son of Dr. Joshua Belden, a respectable physician and most valuable man, who died of the epidemic spotted fever in June, 1808, in the midst of life and in the full vigor of usefulness. Lemuel Whittlesey Belden, M.D., the subject of this memoir, was born September, 1801, and was left an orphan, with three younger brothers, in the care of a discreet and sensible mother, at the early age of seven years. Every care was given to his early education which a mother could bestow and faithful and well qualified teachers could render, and at the age of sixteen he entered the Freshman class of Yale College, September, 1817.

During his minority, before and after he entered college, young Belden was a modest, reserved youth, fond of his books, which had greater attractions for him at this early age than the sports and amusements of his associates. The traits of character most prominent in his childhood, were *love of truth, sobriety and consistency of conduct*, and these were no less conspicuous in all his after life. His reputation in college was always good, both for diligence as a scholar and for exemplary and

discreet deportment. If he did not acquire as rapidly as some others, he was always prepared for what was expected of him, always ready, and acquitted himself with honor. He was scrupulously regardful of all college duties, was never absent from prayers, and rarely, if ever, from recitations, during the whole of his college life. One of his most respectable classmates and constant friends, writes thus of him: "He was a diligent student; I think peculiarly so. It was evident that he never lost sight of the object for which he came there, and he attended to every study prescribed, with steady perseverance. I can look back now and see evidence of maturity and soundness of judgment in this respect, which was uncommon at that age. His college course did not present much of incident, as it partook of the stability and steady attention to the object for which he came, which was afterwards so prominent a trait of his character. The loss of his sound judgment and growing attainments to the medical profession, you can appreciate better than I can."

He received the honors of college at his graduation, and the part assigned him on this occasion shows the estimation with which he was regarded by the authorities of the University, placing him among the most distinguished scholars of his class. After obtaining his first degree, in September, 1821, he took charge of a respectable academy in New Canaan, in his native State, where he continued two years, a very acceptable teacher. In the autumn of 1823 he relinquished this employment, and commenced the study of medicine with Dr. Woodward, then of Wethersfield, his native town, now the superintendent of the State Lunatic Hospital, Worcester, Mass. As a student of medicine he was a close applicant and made rapid proficiency; he availed himself of every means of acquiring professional knowledge; he was not only a diligent scholar, but was careful to watch the progress of such cases of disease as he could witness in a circuit of extensive country practice.

His first course of medical lectures was attended in Boston, in the winter of 1825. The succeeding spring and summer he spent with his former preceptor, and devoted much time in visiting the sick, to ascertain the character and progress of disease. The following winter was spent in New Haven, attending the medical lectures in Yale College. In March, 1826, he received the degree of Doctor of Medicine. In both these institutions he obtained a high reputation as a scholar, and at his graduation he acquitted himself so well as to take the very first rank in his class.

Returning from college, he again entered the office of Dr. Woodward as assistant in his practice, where he continued more than a year, attending extensively to the sick, and teaching the preliminary branches of study to a class of medical students. During this long intercourse a warm friendship was formed between the preceptor and pupil, which continued till his death.

Dr. Belden pursued the study of his profession with the ardor of a scholar and the spirit of a philanthropist. He loved his profession because he considered it honorable and useful; he felt the responsibility that awaited him, and he was too conscientious to commence the practice

of it without a thorough knowledge of its principles, and a faithful improvement of all his advantages for clinical knowledge and experience.

In the autumn of 1827 he took up his residence in Springfield, where he soon gained a respectable practice, and became the favorite physician of many of the best families in the town.

Dr. Belden had none of those shining qualities which commend themselves at first sight to the fancy of the many; he was not destined to be the popular man. He was peculiarly diffident and retiring; his manners were simple, but his deportment was dignified and reserved. He could obtain friends and business only by substantial merit. His success was not rapid, but permanent; those who once employed him rarely failed to adhere to him; the more extensive their acquaintance, the more they respected and loved him. To many he was the "beloved physician," rendered no less so by the amiable qualities of his heart, his upright and honorable deportment amongst men, than by his sagacity and tact as a physician. He made no bustle in his business, and no display in the community in which he resided; but now that he is dead, they will realize that a man is gone from amongst them, whose influence, though quiet and gentle as the evening zephyr, has been wide and salutary, diffusing intellectual light and moral beauty wherever it was felt and known; that a physician has departed from their midst, in whose skill there was safety, in whose integrity there was confidence, in whose character there was rectitude unwavering, and in whose countenance ever beamed benevolence and philanthropy.

Unlike many young men, Dr. Belden continued the habits of study through life, which he had early formed. In the intervals of his business he was rarely found absent from his "study." Here he applied himself closely to professional reading, literature, and general intelligence. He was a thorough scholar, the *last* as well as the first year of his professional life. The readers of your Journal cannot have forgotten his lucid history of the case of Jane C. Rider, well known as the "Springfield Somnambulist," which occupied two weekly numbers of your periodical, and detailed, with great accuracy and precision, the wonderful phenomena of that remarkable case. This, with a popular work, published somewhat previously, on the same subject, constitute all the writings from his pen which have been given to the public. There are many things, however, in manuscript, which show his diligence in recording facts, no less than his ardor in the pursuit of knowledge.

During the last year Dr. Belden had interested himself in effecting a change in the Medical Society of this State. At their annual meeting in the spring he presented his views to the Society in person, in so clear and perspicuous a manner as to induce those present to consider the subject seriously. A large and respectable committee was appointed to act upon it, of which Dr. Belden was a member. Their report is just published, which recommends such changes as to meet the views of all who have interested themselves in it, retaining many of the old, and adopting some of the new principles proposed by their author.

Dr. Belden was married in May, 1829, to Miss Catharine Chester, daughter of Stephen Chester, Esq., late Sheriff of the County of

Hartford, Conn.—an amiable and accomplished lady, who survives him to mourn the loss of one of the best of husbands and kindest and most indulgent of men. He left no children; having lost an only son in early childhood.

Few men are better situated to enjoy life than was Dr. Belden at the time of the attack of this fatal disease. His domestic relation was peculiarly felicitous; he was in the midst of an intelligent and enterprising population, who justly appreciated his medical attainments and moral worth. Beloved by his friends, respected by all who knew him, rising in reputation in his profession by the surest of all means, knowledge of his business and devotion to his patients, he had gained a character of sterling value in an extensive circle of practice. In the midst of this prosperity came the withering hand of disease and cut him off.

The fever which terminated his life was mild in its apparent character, but lurking mischief was undermining the "issues of life." He went through the regular stages of disease, and was supposed to be slowly convalescing by himself and his medical friends. Strength and appetite had returned; he was able to walk to his favorite "study," where was the field of his most interesting pursuits. But these favorable appearances were delusive; fatal disease was preying upon him; a sudden hemorrhage sunk him rapidly, no remedies arrested its progress, and he died in a few hours after the first apprehension of danger. His preparation for the fatal event, with a full knowledge of its approach, was as calm as if he had been preparing for a journey, or the reception of his friends. He made his will, gave directions about his property, resigned himself to the will of his Heavenly Father, and awaited the event in quiet submission. In this trying situation, with his friends weeping around him, he never lost his self-possession; his sedate and dignified deportment was the same in death as in life. He finished what was necessary for him to do, took leave of his friends, and expired. A friend who witnessed his calm departure, thus writes: "I have thought of you as one whom he loved and venerated; as one with whom he was so intimately associated during a portion of his life, that your opportunities of knowing him were greater than most of his friends possessed. I have longed to see you and to talk with you of the heavenly calm which marked the closing hours of his life, and the truly Christian preparation which was so distinctly manifested in his life and conversation. I have longed to hear from your own lips the tribute which I know you would pay to the worth of his intellect and heart. I am sure of your sympathy, for I know how you must have valued the friend we have lost."

Of the character of Dr. Belden we may justly say it had no shades, no dark spots which his friends would desire to conceal or remove, no eccentricity which gave it the slightest singularity. From his childhood he loved truth, simplicity and virtue, and these were his eminent qualities. His well-balanced mind led him to right views of every subject; he discriminated well, and judged correctly. His acute moral sense kept him in the strictest path of rectitude. A motive to do wrong never actuated him for a moment; his integrity was above suspicion.

His mind was more distinguished for solid than for brilliant traits ; he had no dazzling qualities. He loved to investigate the truths of science and philosophy. His knowledge was of the substantial kind ; he made no display of it, but it came to his aid when and where he needed it. As a physician he had few equals of his age. He was a ripe scholar in the principles of his profession, and he made the best use of his experience. His *Index Rerum* shows how careful he was to note facts and references, and what stores of medical knowledge he was amassing. He was useful no less as a scholar than as a physician, and he was preparing for still greater usefulness and distinction.

How desirable that such a man should live ! And now that he is gone, how desirable it is to the living, as well as to the dead, that he was such a man. A long and intimate acquaintance with him left us ignorant of his faults ; if his character had blemishes, they were invisible, surrounded and swallowed up as they were in estimable and amiable qualities. We love to contemplate the man, to look upon one so pure and blameless in life, fulfilling the relations of son, husband and father, brother and friend, in a manner so acceptable to all. His life was exemplary and well spent, his death a calm and dignified departure from scenes less congenial to his pure spirit, to the blessed fruition of a heavenly inheritance prepared by his Redeemer above.

His loss is great to us all ; to his family and relatives irreparable ; but hardly less deeply to be felt by that circle of friends whose physician he was, whose affections he had secured, and who on every return of affliction and suffering will lament, with renewed sorrow, his premature departure.

December, 1839.

THE NATURAL FOOD OF MAN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent, in No. 12 of Vol. XIX., attempts to show that man has no natural food, either of one kind or another. The argument drawn from his structure, he rejects, as having little bearing on the question. Those who know with what tenacity this argument was always seized and used as long as it was supposed to favor flesh eating—as long, I mean, as it was said, triumphantly, that the human teeth and intestines favored a mixed diet—may be a little surprised at this. Not so, however, when they know the cause. Not so when they know that it is at length conceded by scientific naturalists, no less than by anatomists, that the teeth and intestines are formed for masticating farinaceous vegetables and fruits.

But your correspondent, sure, perhaps, of the sympathies of those young physicians who do not read, and a few individuals of other professions or occupations whose reading is at best very superficial, braves it out, in spite of concession or argument, that man has no natural food. "Is man hungry?" he asks. "He calls upon nature, and she presents him with a stone. She furnishes nothing calculated to satisfy the

cravings of appetite. Our food, in the state in which it first comes to our hands, is not suitable for nourishment. Our organs can find no nutriment in it. They reject it."

Will this writer set himself above Baron Cuvier, who has been styled the prince of naturalists? Will he be thought wiser than the wisest? I do not claim infallibility for Cuvier; but will *youth* set up a claim for that which is not claimed for age? But does not Cuvier acknowledge, expressly, that the structure of the human frame is that of an animal fitted to a pure vegetable diet? Admitting superior wisdom to youth, even, and to New England youth in particular, does not Dr. Bell, the distinguished though youthful Superintendent of the McLean Insane Hospital at Charlestown, Mass., make the same concession? But can we be said to have our system adapted to a particular sort of food, and yet have no natural food? Would not this involve a contradiction in terms?

Your correspondent says, that as our food first comes to our hands, our organs can find no nutriment in it. But is it so? Have savages so often, then, and in some instances so long, fed exclusively on raw flesh,—wild animals, fish, shell fish, &c.—and yet derived no nutriment from it? They have subsisted, it seems, some how or other; but pray how have they done so, if their organs can find no nutriment in food as it comes to their hands? According to universal testimony, "the ancients lived upon the fruits of trees, upon herbs, roots and seeds, and upon whatever else they could find in the *vegetable kingdom*, that might conduce to the support of life;" and "food of every kind was eaten without being cooked, because there was no fire."* Now the same universal testimony goes to show that these eaters of that in which, according to the very recent discovery of a young medical man in New England, the human organs "can find no nutriment," lived almost a thousand years. Did they live without nutriment? Or were they nourished by air only? The friends of dietetic reform have been ridiculed as desirous of bringing mankind to live on air, washed down with cold water; but it seems that the ancients went much farther, and subsisted, not for a short time merely, but for a thousand years or so, on air *without* water.

Have those persons among us, who have made the experiment of subsisting, for a long time, and to a very great extent, on eggs, milk, corn, wheat, apples, peas, peaches, strawberries, plums, &c., uncooked; have these persons been mistaken in the idea that they were deriving nutriment from them? Has all been imaginary, wholly so? Or will it be said that these are not purely natural food, for they are the results, in some cases, of domestication, and in the others of civilization? Admit the latter—deny, if you please, the validity of this latter part of the argument; still the former remains—men have lived in the first ages for hundreds of years on substances which it is said, now-a-days, contain no nutriment.

But your correspondent proceeds to set aside this argument—or, in his own very modest language, to order the naturalist "off the stand."

* See Jahn's *Archæology*, Chap. ix. Sec. 136 and 137.—Observe, if you please, that the ancients drew their support, for the long period of almost a thousand years, from the *vegetable kingdom*; nothing being said of animals.

He is for resting the question, in regard to natural food, on careful observation and experiment. I am glad of it. But let us pursue his train of argument, if argument it may justly be regarded. "If animal food is injurious in its effects—the root of all evil, in the words of Dr. Alcott—the fact must be proved by watching its effects; and this not in one instance only, but in numerous cases, and in a variety of circumstances, and on a large scale." Precisely the ground I wish to have taken; though, by the way, I have never said that animal food is "*the* root of all evil." But to resume our quotations.

"One would think that animal food had been eaten long and extensively enough to enable us to know its operation on the health. If it is as destructive as some contend, how happens it that those portions of the human family that eat flesh, are, at this moment, farther removed from the point of extinction and degeneracy than any others on the globe? How happens it that the flesh-eating nations of Europe are so far from having *run out*, that they furnish better specimens of fully and perfectly developed men than any other of all the descendants of Adam?" And to conclude, he triumphantly observes, "Let Dr. A. answer these questions."

But to turn his own language against himself, "shall he be allowed to escape in this manner?" Let us substitute the words "spirit" and "spirit-drinking" for "animal food" and "flesh-eating," in the foregoing paragraph, and see how it will read—presuming, by the way, that the writer is a temperance man.

"One would think that spirits had been used long and extensively enough to enable us to know its operation on the health. If it is as destructive as some contend, how happens it that those portions of the human family which drink spirits are, at this moment, farther removed from the point of extinction and degeneracy than any others on the globe? How happens it that the spirit-drinking nations of Europe are so far from having *run out*, that they furnish better specimens of fully and perfectly developed men than any other of all the descendants of Adam?" Let him answer these questions. Shall he be allowed to escape in this manner?

But to be serious. Will it not be seen, most obviously, that a mode of reasoning which proves so much, proves nothing; and will it not therefore be abandoned? For it is not the utility of flesh-eating and spirit-drinking alone, which can be established in this way, but that also of tea and coffee and beer-drinking, tobacco-chewing, snuff-taking, &c.

But how, then, can we prove anything at all, in relation to the subject? it will, perhaps, be asked. To which I only reply, by returning to your correspondent's own ground—not that of observation and experience merely, but that of *careful* observation and experiment. Your correspondent, however, begs the very question in debate, when he assumes that those portions of the human family which eat flesh are at this moment farther removed from the point of extinction and degeneracy than any others on the globe. Is New Holland farther removed from extinction and degeneracy than China—the Patagonians than the South Sea Islanders—the Siberians than the Japanese, &c.?

Our comparisons should be not only on a fair, but liberal scale. It is not fair to compare the hardy *soldiers* of temperate climates with the enervated *citizens* of southern climes—the comparatively virtuous, too, with the exceedingly dissipated and licentious—the European race with the Hindoo. Let us compare Asiatic with Asiatic, African with African, soldier with soldier, laborer with laborer, the inhabitant of the equator with the inhabitant of the equator, &c. Let but a fair comparison be made, one which shall take into consideration all the circumstances, and I have no fear for the results.

Let us compare, I again say, Japan with China and other countries of Southern Asia; and not Britain with Asia. Let us compare South Sea Islander with South Sea Islander; New Hollander with Japanese; Europe with Europe, &c.

Let us take any nation of Europe—I care not if it is England itself. Who are the people, which the class of society, in England, that perform the bulk of the labor, and have done so from generation to generation? Who are they whose families remain the same, without much change from century to century? Assuredly not the high-fed. Not those who eat the most beef and indulge their several appetites the most. On the contrary, it is they who fare rather hard, or who, at least, suppose they fare hard. It is they who live on bread and potatoes, &c., and scarcely get meat at all; or, if at all, not more than once or at most twice a week. But this is more strikingly the fact in the rest of Europe. The peasants who feed on black bread, potatoes and turnips, with, perhaps, a little soup now and then, are the efficient population. They are the people who do the hard work, and whose families neither degenerate nor become extinct. They are the people who have built pyramids and roads and bridges, and fought the world's battles. So it is now; and so it has been, time immemorial.

Compare Japan with New Holland. One of these is about 40 degrees south of the equator; the other as far north of it. The millions of the nation of New Holland have always fed almost wholly on flesh and fish. And yet not a more meagre and wretched race can be found in all Asia; nor a race who seem so stupid and so little likely to derive benefit from civilization and Christianity. While the millions of Japanese in the interior, who for the most part feed on rice and fruit, abhorring all animal food, even milk, are the finest people, intellectually and physically, in all Asia.

But I must not dwell too long on this topic. The proof seems to me already sufficient. We may see from observation, on a large scale, what the natural food of man is. It cannot be flesh meat: it must be farinaceous vegetables and fruits.

By the natural food of man, however—and this should have been said before—I mean not the food which we prefer in a savage state; and herein it is, again, that I am continually misrepresented. I have nothing to do with the savage state—to desire to revert to it myself or drag my fellow creatures thither. Nor do I know what, in this sense, the natural food of man would be. I take man as he is—in a majority of cases, more or less civilized.

Now, then, by the natural food of man, taken as he is, as a race—not as certain fastidious individuals or fastidious ranks or classes may be—I mean that food which is best adapted to the character and condition of man externally, which promotes the most healthy action of all the internal organs, and enables them to fulfil, in the best possible manner, their varied and various functions. I call not that the natural food of man—however it may once have been—which hurries his circulation, disturbs his breathing, checks suddenly or promotes too rapidly the perspiration; or which dims or otherwise disturbs the eye-sight, or causes any other injury. Nothing is better proved than that farinaceous vegetables and fruits are least likely to do this; and that animal food, condiments, crude vegetables, &c., hardly fail to cause more or less disturbance of the kind, if not to induce positive ill health.

But I have dwelt too long, perhaps, on the natural food of man. In my next, which will, I trust, be much shorter, and which will be entitled “*Temperance and Excess*,” I shall endeavor to notice, still farther, your correspondent’s errors.

W. A. ALCOTT.

Dedham, Nov., 1839.

CASES OF UTERINE POLYPI.

BY THO. CHADBOURNE, M.D., CONCORD, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

THE history of the following cases would seem to justify the remark often made, that much suffering and protracted disease would be prevented, were we more thoroughly to investigate the nature and causes of our patients’ sufferings, before attempting a remedy.

Miss B. R., aged 50, enjoyed good health from childhood till she was 14 years old, when she began to be troubled with obstinate leucorrhœa, and, as she expressed it, “a frequent return of great weakness with color.” The catamenial returns were irregular and profuse, appearing at uncertain periods, attended with severe uterine pains, that were always followed with hæmorrhage, sometimes profuse and alarming. Notwithstanding the use of the most powerful astringent injections, and the whole routine of medicines for the “turn of life,” there was no improvement. The return of hæmorrhage was more frequent and more profuse, seldom ceasing till faintness supervened, when the uterine pains and flowing subsided at the same time. In November of 1837 I first saw her, in consequence of an unusually severe attack of profuse flooding that followed the usual return of pain. The severity of the pain at this time almost equalled in intensity a violent parturient paroxysm. On examination I found the vagina occupied by a small tumor, not larger than a common-sized pear, the neck of which was firmly embraced by the os uteri, and any attempt to pass the finger around it excited stronger uterine contractions and increased flooding. The whole trouble was now manifest, and the cause of all this protracted suffering seemed easily remedied. The tumor was of a soft, placenta-like substance; the os uteri acting on its neck like a ligature, but not with sufficient

firmness to stop the flow of blood into its substance. The attachment was high up in the uterus. Not having the proper canula with me, I contrived, by means of a straight catheter, to convey a ligature round it, and succeeded in removing it in a week. The operation was troublesome and protracted, on account of the imperfection of the instrument. All her complaints left her without further remedies, and she now (Nov. 1839) enjoys perfect health.

Case 2d. Mrs. S. enjoyed good health till the birth of her last child, in 1823. There was nothing unusual in her labor or "getting up." After weaning her child, her health gradually declined. There was "constant weakness, either with color or without," as she expressed it, attended with much pain. These discharges became profuse and offensive. Her flesh and strength gradually wasted, and she experienced all the sufferings usually attendant on the most severe uterine irritation. In March of the present year (1839), her family physician was called to relieve her of obstruction of urine. On attempting to use the catheter, he found a large tumor occupying the whole pelvis, compressing the urethra, and bearing some resemblance to a child's head in an advanced stage of labor. I did not see the patient till next day. Severe expulsive pains during the night had pressed the tumor hard against the perineum, rendering any attempt to include the whole tumor in a ligature difficult if not impossible. The os uteri could only be reached at one point behind the pubis. How the growth of such a tumor could have continued so many years, and have obtained this enormous size, and its presence be unsuspected, was very surprising. As much of the lower portion of the tumor as could be encircled by a ligature was removed, in about a week. This made room for a successful operation on the remainder. The double canula, armed with a strong ligature, was passed through the os uteri to the fundus. One tube of the instrument was then held stationary by an assistant, while the other was carried round to the other side, thus completely encircling the whole mass. The ligature was tightened daily, and her water drawn off with the catheter night and morning. The discharges for ten days, during its separation, were profuse and offensive. The left leg became affected with phlegmasia dolens, and afforded as perfect a specimen of that disease as is ever met with in puerperal confinement. So large was the tumor, that after the ligature came away, it could not be removed from the pelvis, only in portions, being torn away with the fingers. It is now nine months since the operation. The patient has resumed her usual domestic avocations. On examination, two weeks since, no vestige of the complaint remained. From the nature and appearance of the discharges several weeks after the operation, there is reason to suppose that large masses of diseased substance, not included in the tumor, sloughed off and came away.

Case 3d. Mrs. R., mother of several children, the youngest 10 years of age, never has enjoyed good health since her last confinement. She says that "something was by the side of the child's head that burst when she had a hard pain, and threw blood all over the doctor." After she ceased nursing, the catamenia appeared as usual, but was attended with "great weakness," was less regular in its periods, un-

naturally painful, accompanied with discharges of coagula, and always followed "with an offensive weakness, without color," that did not leave her entirely till another monthly period. This is her own account of herself till October of 1837. The abdomen was now found to be unnaturally prominent, uterus occupying as much space as at the 5th month of pregnancy, but much harder and less elastic. The os uteri was distended to the size of a crown piece, and very tender. The gentlest examination produced a discharge of bloody foetid matter. Nothing was prescribed but some trifling medicines to improve the general health, and injections to wash away the offensive discharge. I did not see the patient again till August, 1838. Her health had somewhat improved, although the morbid growth within the uterus had increased; the abdomen was more prominent, and a tumor began to protrude from the os uteri, yet the system had so far accommodated itself to this state of affairs that the patient was able to attend to her usual domestic avocations, except during the week of her "monthly turn," when from pain and profuse discharge she was confined to her bed. During the eight months next succeeding this examination she suffered much more from severe uterine irritation. She has accustomed herself to large doses of opium to allay the severity of bearing down pains, and was in the daily use of chloride of soda injections on account of the foetus of the discharges. On examination of this patient, June 27, 1839, I found a soft tumor protruding from the uterus, apparently the size of a pint measure. Uterus itself hard and distended as a year ago. The gentlest touch of the tumor causes it to bleed. On account of the tenderness and excoriated state of the external parts, the application of a ligature was very painful. The tumor proved to be attached to the uterus by so broad a surface (extending down even to the os uteri), as to oppose a serious obstacle to a successful operation. No part of the tumor within the uterus could be included in the ligature. The portion within the vagina only was removed. The remaining portion was torn and lacerated as much as possible, to destroy its vitality. This was attended with no pain to the patient, and seemed to be followed by the desired effect, as putrid masses, in very foetid discharges, came away during the next three weeks, and in September, nearly three months after the ligature came away, the os uteri is closed and appears natural. Although the uterus, probably, is not free from morbid growth, yet there is no pain nor leucorrhœa, and the patient enjoys a degree of health and comfort not before experienced for ten years.

Case 4th. Mrs. P. married at the age of 20. After the birth of her first child she was never free from leucorrhœa, with occasional discharges of blood, till a second pregnancy took place. During this state she suffered very much, far more than usual. After the birth of this second child the uterus never resumed its customary unimpregnated size, and she was constantly liable to severe bearing-down sensations, with offensive leucorrhœa, and sometimes bloody discharges. Symptoms of uterine irritation increased to a degree to confine her to her bed a considerable part of the time. Notwithstanding all these unfavorable circumstances, a third pregnancy took place, which, after much suffering,

terminated in the birth of a healthy child. After three months lingering illness, from the same source as heretofore, during which she was unable to sit up but a small part of the time, a substance, she says, dropped from the vagina during severe pain, of the size and shape of a large pear, having a stem to it larger than a goose quill; since which she has enjoyed comparatively good health, all symptoms of uterine disease having left her. The above is the patient's own account of her case.

Concord, N. H., Dec. 4, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 11, 1839.

SMALLPOX IN BOSTON.

At the last session of the Massachusetts Legislature, the law, which had been a considerable time in force, that made it imperative on the authorities of towns and cities to place those infected with smallpox, in places remote, with a view to the safety of those who were liable to contract the disease, was repealed, and such patients are now permitted to remain in their own dwellings, wholly regardless of others—the law contemplating the security by vaccination, which is within the reach of every person.

For more than twenty years past, whenever cases of smallpox occurred in this city, they were at once removed to Rainsford Island Hospital, at all seasons; but the community had for a long time manifested a displeasure at this act of forcing people from their comfortable dwellings, to be carried eight miles over the water, in storms, perhaps, interrupted by ice and snows, as frequently happened. Females and young children, who naturally felt the utmost reluctance to such a voyage, and who were known, occasionally, to have suffered intensely from sea-sickness, were as often the subjects of removal as the hardy seaman who was accustomed to the commotion of the surging ocean. The provisions at that hospital are by no means neglected, but are most ample and complete; they are in the best possible condition for seamen—those who have no home. By the laws of the United States, in the government of the marine hospitals on the Atlantic coast, no person laboring under an infectious or contagious malady can be admitted. Thus shut out from the only place which they are accustomed to consider a port in a storm, the support of which is a direct tax on the sailor's earnings, the quarantine regulations of all the seaports in this country have humanely kept the poor seaman's bed always in readiness for occupancy. It was to that establishment that smallpox patients have heretofore been conveyed. But when the statute law on this subject was changed—instead of being circumscribed, as before, cases began to multiply in Boston; and from the first of October to this period, a considerable number have been confined with it. In the month of November there were 15 deaths; and thus far in December, 10 deaths have occurred. Cases of variola have been quite numerous, and may now be considered pretty common.

In every city of the magnitude of this, there is necessarily a multitude of thriftless, broken-down, intemperate individuals, who, on any indispo-

sition which disables them from pursuing their common routine of affairs, by which the bare necessities of life are procured, must become a public charge. Many such have been the first victims of the present epidemic smallpox. There are the virtuous, industrious poor, too, whose claims for assistance and sympathy are always strong and resistless. Many such, too, have been afflicted; and poverty has been greatly aggravated, in numerous instances, by the inroads of this loathsome distemper, where no precautions had ever been taken to keep it at bay by vaccination. Finally, when the excitement became such that the city government found that it devolved upon the corporation to procure a suitable receptacle for these victims, and it was impossible to obtain the location that was thought most desirable, on account of the exorbitant demand which was made for the use of a building for a pest house, George Parkman, M.D., well known to the profession, offered, most generously, rent free, an admirable place. A smallpox hospital has therefore been organized on the water's edge, through the benevolence of a citizen. When wealth, like his, falls to the keeping of such a man, he may with strict propriety be denominated a public benefactor. The Board of Aldermen appropriated one thousand dollars for the purchase of furniture and such conveniences as might be requisite. To this hospital, in future or for the present winter, all those who ask assistance will be conveyed.

We are continually hearing that very exaggerated accounts of the ravages of smallpox in Boston, are propagated in the country, to the injury of the business of the city. It is said that those who would be glad to be here, are deterred by the horrible recitals that reach them from day to day. That the smallpox is here, cannot be denied—but with a suitable regard to vaccination, and the measures which are now in train by the City Government, the disease will soon be under perfect control, and all occasion for alarm, we apprehend, will entirely subside.

The American Medical Almanac.—Messrs. Marsh, Capen, Lyon & Webb, the publishers, have issued a large and beautifully-printed edition of the Medical Almanac, for 1840, prepared by the editor of this Journal, who has had the assistance of those who were able to furnish such statistical and other important matter, as will greatly enhance its value. Its size has been enlarged, and it now consists of one hundred and fifty-two pages, compactly printed in a small, but clear and distinct type. It is the most perfect medical directory of the United States and the British Provinces that has ever been given to the public; and if sufficient encouragement is given from year to year, it will ultimately become an important book of reference, and a historical record of the profession in all North America.

By consulting an advertisement in this day's Journal, the reader will learn the cost of the volume, and that at a trifling expense he can order it through the mail immediately. Those who may prefer to carry the Almanac in their pockets, as a remembrancer, note book, &c., will doubtless prefer copies bound in the pocket-book form. Copies are already on the way to editors of medical periodicals with whom we exchange—and by the first safe and ready conveyance, they will also be sent to those who have contributed to the pages of the book. The package for Philadelphia, we fear, may possibly have been lost.

Dr. Shattuck's Translation of M. Louis.—The profession of the South should certainly be in possession of this very useful book. The name of the author is a guarantee that it is no common-place affair. This circumstance alone, therefore, should influence those who have any desire to know that great physician's opinion of the yellow fever. With all the medical wisdom of the age—which we are sorry to say is more distinguished for its theories than its monuments of facts—the yellow fever sweeps off its thousands year after year, and no remedy is brought to light. Prejudice against foreigners should be wholly laid aside. If anything valuable can be gleaned from any source, let us have the full benefit of its suggestions. It is acknowledged, by very competent judges, that Dr. Shattuck has made an admirable translation.

Crania Americana.—From the Phrenological Journal, intelligence has reached us that Dr. S. G. Morton's great national work, which has been in progress a considerable time, is finally published. From the specimens which were presented to us some months ago, we are satisfied that there is beauty and accuracy in the execution of the plates, and a profound knowledge of the subject manifested in the text. Gentlemen visiting Boston, who have any curiosity to examine the character and general plan of this truly desirable book, are invited to call. It will interest the anatomist, the archæologist, the painter, and all grades of modern philosophers. The author has a claim upon the literary and scientific public, on the score of industry, separately from all other considerations, many of which are of a high character. His last production, before this, was received with decided marks of approbation, far and wide. A more extended reputation will doubtless grow out of the circulation of the *Crania Americana*, because it is precisely the thing which intense curiosity will prompt every one to see, of all ages and sexes. When Mr. Fuller was last in Boston, soliciting subscriptions, we fear that he did not have that encouragement which the intrinsic value of Dr. Morton's achievement naturally led him to expect in such a community as this.

Medical Miscellany.—Professor Miller, of Washington city, has been successful in the removal of a large fibro-cartilaginous tumor from the neck of a colored man aged 64. The weight of the tumor, after extirpation, was $7\frac{1}{2}$ lbs.; the circumference of its base, 25 inches; its greatest diameter, 9 inches—its least, 7.—Much diversity of opinion exists among physicians at the South, respecting the use of large doses of quinine in yellow fever. A writer in the *Medical Examiner*, who advocates this practice, says that in malignant intermittents he has repeatedly known from 20 to 60 grains given with the happiest effect. We have seen a letter from a medical gentleman residing in Mississippi, in which he attributes much of the fatality of the yellow fever in Natchez to the free use of this article.—The following American works are favorably noticed in the last No. of the *British and Foreign Medical Review*, viz.—Dr. Jackson's Report on Typhoid Fever, Dr. Lee's Human Physiology, Dr. Dunglison's American Medical Library and new Dictionary, and the New York Journal of Medicine.—We perceive that Part VI. of Dr. Copland's Dictionary is just published in London, containing "Inflammation," "Insanity," &c. It will take twenty years from the time of its commencement to complete this work, unless more expedition is used than has thus far been shown—

and who will then finish the American edition, which was paid for in advance by subscribers five or six years ago, is more than we can tell.—Sickness continues at Tampa Bay, Florida, that grave of a multitude of northern men the past season.—The city of Augusta, Geo., lost 240 individuals by the yellow fever, while it remained there. All the cases were near 2000.—Another \$1000 has been appropriated by the Mayor and Aldermen for the Insane Hospital at South Boston.

TO CORRESPONDENTS.—Dr. Ingalls's explanatory note; a traveller's letter from Kentucky, with observations on the two medical schools of that State; together with Dr. Hill's singular case of congenital malformation, accompanied by a drawing, and A. B.'s remarks on Dr. Durkee's essay on scrofula, are in progress.

MARRIED.—In Washington city, Frederick B. Cuiver, M.D., of Oldham Co., Ky., to Miss Adelia Kendall, daughter of the Postmaster General.—In Malden, Ephraim Buck, Jr., M.D., of this city, to Miss Jane G. Oakes.—In Roxbury, Charles M. Weeks, M.D., of Greenland, N. H., to Miss Elvina Porter.—In Georgetown, Ky., William J. Barbee, M.D., of Illinois, to Miss Emeline Barbee, of the former place.

DIED.—In Hartford, Ct., Dr. Leonard Bacon, 73.

Whole number of deaths in Boston for the week ending Dec. 7, 32. Males, 15—females, 17.

Of consumption, 2—epilepsy, 1—diarrhoea, 1—inflammation of the lungs, 1—smallpox, 4—inflammation of the brain, 1—fever, 1—lung fever, 3—intemperance, 1—burn, 1—spasms, 1—apoplexy, 1—laryngeal consumption, 1—typhus, 2—old age, 1—convulsions, 2—dropsy on the brain, 2—infantile, 1—quinsey, 1—fits, 1—slow fever, 1—stillborn, 4.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49'. Elevation 463 ft.

1839. Novemb.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	Sun E.	5 P.M.	Sun S.	Sun E.	5 P.M.	Sun S.			H't.	L't.	
1 Frid.	40 41 41	29.24	29.26	29.30	N	Fair	00*	Flying clouds.			
2 Satur.	31 41 41	29.38	29.40	29.41	N	Fair					
3 Sun.	35 43 41	29.46	29.48	29.49	N W	Cloudy					
4 Mon.	31 40 38	29.50	29.49	29.49	N W	Fair					
5 Tues.	24 44 42	29.45	29.38	29.35	S E	Fair		High wind and rain in the night.			
6 Wed.	42 52 48	28.96	28.88	28.83	S W	Fair		Aurora borealis.			
7 Thur.	34 47 41	28.83	28.85	28.93	S W	Fair		High wind.			
8 Frid.	36 43 40	29.03	29.08	29.10	W	Fair		High wind, flying clouds, aurora			
9 Satur.	32 40 37	29.29	29.30	29.32	N W	Fair		[borealis].			
10 Sun	30 35 36	29.40	29.43	29.46	N W	Fair		Snow squalls.			
11 Mon.	27 43 58	29.54	29.56	29.58	N W	Fair		Aurora borealis.			
12 Tues.	25 46 35	29.60	29.59	29.58	N E	Fair					
13 Wed.	34 45 43	29.54	29.52	29.50	S W	Fair		Halo around the moon.			
14 Thur.	38 46 45	29.50	29.45	29.36	N E	Rain		Foggy morning.			
15 Frid.	54 59 58	29.24	29.23	29.20	S W	Fair		High wind in the night.			
16 Satur.	41 47 44	29.52	29.56	29.58	N W	Fair					
17 Sun.	34 47 45	29.67	29.60	29.50	S W	Fair		Moderate rain in the evening.			
18 Mon.	38 42 40	29.30	29.15	29.15	N W	Fair		Halo around the moon.			
19 Tues.	37 42 38	28.88	28.89	28.89	N W	Fair		Squally.			
20 Wed.	28 34 32	29.00	29.05	29.12	N W	Fair		Snow squall in the night.			
21 Thur.	21 26 24	29.33	29.44	29.52	N W	Fair					
22 Frid.	20 29 25	29.87	29.98	30.01	N W	Fair					
23 Satur.	17 36 36	30.09	30.04	30.03	N	Fair		Very pleasant day.—Brilliant aur.			
24 Sun.	31 38 40	29.90	29.82	29.71	S E	Rain		Warm rain. Stormy night.			
25 Mon.	56 50 44	29.33	29.18	29.19	S W	Rain		High wind, great rain—warmer.			
26 Tues.	15 22 22	29.50	29.57	29.60	N W	Fair					
27 Wed.	23 32 31	29.75	29.70	29.65	S W	Fair		Splendid sunset.			
28 Thur.	28 43 42	29.70	29.71	29.70	S W	Fair		Very pleas. day for Thanksgiving.			
29 Frid.	25 43 40	29.70	29.68	29.67	S W	Fair		Pleasant.			
30 Satur.	30 47 44	29.65	29.64	29.63	S W	Fair		Pleasant.			

The month of November has been very pleasant; the number of fair days is unusual for the season. Little rain has fallen, and the temperature has been mild and agreeable most of the time. The range of the thermometer has been from 15 to 59; of the barometer, from 28.88 to 30.09.

* Our Register Thermometer got injured and obliged us to omit the table of extreme heat and cold.

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—1f

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct. 31—epif

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 30, 1839.

ep1meop6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, DECEMBER 18, 1839.

No. 19.

CRITICAL OBSERVATIONS ON DR. DURKEE'S "REMARKS ON SCROFULA."

[Communicated for the Boston Medical and Surgical Journal.]

WHY should not a medical writer be reviewed, as well as a literary writer? Pathology and therapeutics are certainly important studies, and even a superficial observer sees that right views concerning them are of immense value as respects their bearing on society. It has been well said, by a distinguished writer of the present day, that "the medical writers of our age are quite superior to the writers of any other profession. They are more learned, more faithful, and altogether better writers." Now if our medical writers possess all this superiority, and I, for one, am willing to accord it to them, it is important that they retain it. To secure this desirable result, will it not be well that medical writers have an eye to the productions of their fellows, after the manner of writers in the literary world? And will not praise and blame, judiciously administered, have a salutary effect? It may be said that therapeutic, rather than prophylactic, means should be used by the physician. But it is surely better to prevent the evils which might be caused by injudicious theses, than to undertake to cure them when they are caused.

I have fallen into this train of reflections by reading "Remarks on Scrofula" in the Journal, from the pen of Dr. Durkee, of Lynn, Mass. Much labor is bestowed in delineating the characteristics of the disease and the theriacal means on which we are to rely for a cure. This is in many respects an able paper, and yet the learned doctor must not take it amiss if, after awarding him a due measure of praise, I rap him over the knuckles for a part of his communication.

I am free to acknowledge that, as a medical man and as a writer, Dr. D. has great merit. There is a neatness and purity in his style that delight the reader. We feel that though he labors in the rugged field of therapeutics, he is not a stranger to the music of fountains or the fragrance of flowers. But the article is learned enough, in all conscience. Medical writers seem sometimes to need the advice once given by a tutor in college to one of his pupils, who labored for language to make himself misunderstood. "I advise you," said the tutor, "to study the *English language*." Being a mere tyro in medical knowledge, compared with Dr. D., I beg leave to propose a few questions which were suggested to my mind by reading his "Remarks."

In the first place, is not pathological science deemed more mysterious

than it really is? And is not the doctor rather too willing to stay in the land of shadows—in other words, to consider himself in the *terra incognita* of pathological science? Truth is simple; and though it may be said, with much justice and beauty, of scrofula, that “its insidious blight is everywhere seen, although it especially delights to revel in the arms of beauty and to luxuriate with indiscriminate wantonness amid the fairest and loveliest of our race,” yet is there really an elective power in the disease, or will morbid causes produce the disorder, whether the patient be beautiful or ugly? This seems to be the plain, unpoetical view of the case. In giving the characteristics of scrofula, the doctor has shown himself an accurate and careful observer. I recently attended a post-mortem examination of an infant who had died of scrofula. The mesenteric glands were a mass of tubercles. The appetite had been voracious—the stomach had been distended till it was nearly transparent. The body was almost entirely bloodless. The brain, lungs and pancreas were studded with tubercles. Much of the brain was in a state of *ramollissement*. This was a case of hereditary scrofula, evidently from the father, showing conclusively that a subtle virus may be communicated, causing this disease, as well as syphilis. Still, unless the system is deeply infected with the virus, have we not reason to believe that proper management with respect to diet and regimen may eradicate the taint. I know a practitioner runs the risk, in these days, of being *dubbed* a Grahamite, if he recommends the antiphlogistic regimen in any case, or if he dare dissent from the long received opinion that “animal food is more nutritive and stimulating than vegetable; that is, that the same quantity of the former will make more and richer blood, and will satisfy the demands of the digestive organs for a longer period, than the latter.” Now I, for one, will not surrender the right of private judgment, through fear that I shall be ranked with this or that class of real or supposed fanatics.

We have these statements respecting animal food, and we are to receive them on the *ipse dixit* of Dr. Durkee! It is not incumbent upon me to prove a negative. I shall not attempt it. But I should be obliged to this able writer if he would bring forth his *strong reasons* in support of his positions. It is conceded by all, that meagre diet of any kind has a tendency to produce scrofula. It has been my lot to mark the effects of a well-regulated vegetable diet in a number of cases of scrofula—cases of long standing and of a marked bad character. My experience in these cases has *not* demonstrated that a mixed diet was best. I am not about to say there are no cases of a character to demand animal food. But in every case that has come under my observation, of hereditary or induced scrofula, where a well-regulated vegetable aliment has been used, it has been with advantage. In several instances a decided improvement and ultimate cure was obtained by abstaining even from milk. Dr. D. bestows unqualified commendation upon milk. His remarks would be just, if he would make suitable qualifications. He speaks of diminished strength as a consequence of a strictly vegetable diet. I have seen some of the finest specimens of athletes who lived upon an exclusively vegetable diet—not even partaking of milk; and I think I should

not be haunted with fears of diminished strength, if I could make up my mind to abstain from animal food.

The remarks of Dr. D. with respect to hygienic discipline—bathing, pure air, exercise, proper clothing, attention to diet, are worthy of all praise. Such views, from medical men, will do more to prevent scrofula than all our specifics will to cure it. Ought we not to be impressed with the belief that prophylactic means are worth infinitely more than therapeutic? When mothers become enlightened on the subject of physical education—when pure air, exercise, the use of the bath and a proper attention to the diet of children—shall become as common as the neglect of these several particulars now is, may we not hope to see scrofula decrease as rapidly as it has increased for a few years past? Would it not be profitable to inquire how far the compression which is exerting its influence on the nervous tissues, the circulatory system, and directly on the spinal column, has an effect to derange the normal functions of the system and to produce scrofula? The closing remarks of Dr. D. should be stereotyped on the soul of every practitioner. Whatever errors may be found in his essay, it is unquestionably a production of a high order. A. B.

Dec., 1839.

TRANSYLVANIA AND LOUISVILLE MEDICAL SCHOOLS.

[Communicated for the Boston Medical and Surgical Journal.]

PERHAPS I can afford some intelligence for your Journal respecting the western medical schools.

Ten days since the Louisville Institute had 180 pupils. The acquisition of Dr. Drake, it is generally thought, has swelled the number. He is quite popular at present, both with the class and the citizens of Louisville; but I am afraid, from all I can learn, that he is looked upon by some of the faculty with a jealous eye. I hope this may turn out nothing but rumor, and that the doctor will profit by the experience of the past and live in brotherly love with his associates.

You are aware that I am an admirer of Dr. Drake. I was his private pupil for two years, and I profess to have some knowledge of his character, both as a medical man and a private individual. And to speak with candor, I am disposed to acquit him entirely of all the malice and wickedness with which he has been accused. I can account, satisfactorily, I think, for the many disturbances which he has created. He is naturally restless and ambitious, watchful of his reputation, and eager to stand at the head of the lists. He is one of the pioneers of western medicine—one of the first who engaged in medical education west of the mountains. With these facts in view, must it not be acknowledged that his opinions of "men and manners" should be entitled to the highest respect? Should he not be regarded with reverence? And when his advice upon any measure connected with the weal of the profession is given, ought it not to be listened to with serious attention? To all of these queries I know every rational and unprejudiced mind

will give an affirmative answer. But how has he been regarded? With universal respect? No; with *jealousy*, *envy* and *hatred*. His zeal in the cause of medical science has led him to the projection of many noble schemes, which have, perhaps, often been opposed by his medical brethren, and the various means which, from time to time, he has used for the advancement of learning, and the attainment of his objects, have not always been such as to please the public. Here, you may see, there are two ways in which his innocence can be made evident. His course, in general, may be correct, and the public in the wrong; or his course may be wrong or defective (his mind, at the same time, convinced of rectitude of intention), and the public, or a specified body of men, instead of administering mild rebuke, rise up in open indignation, and endeavor by all means to trample him under foot.

To return to the Louisville school. If the faculty will "be sure they are right," they will "go ahead;" but if they disagree among themselves, they will be apt to blow up with a tremendous explosion.

The Medical College of Ohio has a class of about 120, and her friends are very sanguine in the belief that she will prosper.

The Transylvania school has a class of 240. The new medical hall is not yet completed, but will be finished the ensuing spring or summer. The additions made to the library, apparatus, &c., by the importations of Professors Peter and Bush, are such as to enhance the value of instruction, and I have no question of the school's prosperity. B.

PHRENOLOGY—EXPLANATORY NOTE.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR DOCTOR,—From what I have said in the second paragraph of my lecture on phrenology not opposed to the principles of religion nor the doctrines of christianity—"that by a free inter-communication of belief—whenever a fit opportunity presents—the cause of true religion is ultimately advanced;" but more especially from our long acquaintance, and the mutually good understanding that has always existed between us, I am confident you will consider the following remarks on your denunciation of the sixteen last lines of my lecture alluded to above, are dictated by no unfriendly spirit. They would have been more definite did I understand precisely the import of your remark.

In the early part of my life I was instructed in the principles of orthodoxy, taught the shorter catechism of the Westminster Confession of Faith, and sat under the preaching of a Calvinistic preacher; and, therefore, without arrogance, may claim to possess some knowledge of the tenets of Calvin. This religious sect esteems the Messiah to have two natures—the divine and human;—this distinction they consider to be essential in the explanation of the grand scheme of salvation; and, therefore, frequently make it the theme of their discourses. They also believe the Messiah to be the second Adam, and that by the fall of the first Adam all died; but by the death of the second all were made alive.

Hence the deduction is conclusive, that, as in the state of innocence Adam was made but a little lower than the angels, and, of course, possessed intellectual faculties of the highest grade, it is not too great an assumption to suppose, that, in his human nature, "the powers of the mind of the Messiah" were equal to the former. At any rate, any comment—consistent with the character of a perfect man—is not inadmissible, but may be justified by the practice of divines in their discourses, whenever the eucharist is consecrated—as on such occasions the whole tenor of their discourses represents him as having the *infirmities*, and subject to the sufferings natural to humanity. It was my design, in the whole passage alluded to above, to speak of him in his human character. I must, however, confess I spoke of his person in conformity to the generally received opinion. This, perhaps, is an error, as in Isaiah, chap. liii., verse 2, and in corresponding passages in the Old and New Testament, he is described as having "no comeliness; and whenever we shall see him, there is no beauty that we should desire to see him."

The foundation of my religion, as well as the religion of the Calvinists, is, that there is "but one only, the living and true God."

You kindly remind and caution me, that I am treading on subterranean fire. What though the eruptive column of the volcano rises to the skies; the flood of error it sheds may for a time dazzle and bewilder the multitude. What though I am overwhelmed in the lava, or buried in the ashes, or stifled in the smoke! The period must arrive when it must be utterly extinguished; while the sun of truth will rise higher and higher, and spread its rays wider and wider, until all the nations of the earth shall feel its enlightening influence, look up and adore it.

That you may not misapprehend the object of the closing paragraph of my lecture, I feel bound to give you the above explanation.

Boston, Dec. 7, 1839.

Yours, truly,

WILLIAM INGALLS.

PROFESSIONAL SLANDER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I attended, a short time since, a lecture before our Lyceum, by a Rev. gentleman (Mr. Harris, of Lynn), an expression or two in which, I think worthy of notice. The subject of the lecture was, "The house we live in."

After some sensible remarks upon the laws of the human constitution, their fixedness, the certainty of the penalty following their violation; and upon diet, clothing, and regimen in general, such as may be found in almost any of the popular treatises on physiology, &c., he came out with his whole artillery against the medical profession; and if he did not utterly annihilate it, it was not for want of a will and an effort. He warned his audience, with an earnestness and an eloquence that would be well worthy of one standing "between the living and the dead," "to avoid the doctors and their medicines," assuring them that there

was "not one case in twenty in which they did not do more hurt than good"—that, "though *some* of them were honest men, such was their knowledge of diseases, derived, as it was, almost entirely from foreign books, they were altogether unqualified to treat those of this country and climate, and consequently *must* do more injury than good," &c. Now all this I should not deem worth noticing, as, probably, the gentleman knew no better, and ignorance is to be winked at; but as a proof of his assertions, he stated that in a recent interview with one of the first physicians of the medical faculty (a resident of Boston, I think, whose name, however, he was not at liberty to give, as the conversation was confidential), he "inquired of him what he thought of the profession, and what proportion of them he had any confidence in, and would be willing to entrust a sick friend of his with; and the reply was, "*not more than one in ten.*" He then triumphantly inquired of his audience, "what, then, must be thought of the character and practice of a faculty, one of the best of whose members should make such a statement, such an admission as this?"

That such an expression might have been made, perhaps it does not become me to question; but what could have occasioned it? Was it because the medical gentleman had no confidence in himself, and consequently had none in his brethren? certainly not, if he was "one of the first in the profession." Was it in order, as is sometimes the case, to build up his own reputation, and secure his own emolument at the expense of that of others? by no means, and for the same reason as above. Was it because he really had no more confidence in his brethren, and did indeed consider them thus unqualified for the duties of their profession? I cannot suppose it; for were he possessed of a particle of honesty, rather than number himself with such a *posse* of ignoramuses and charlatans, not to use harsher terms, he would turn scavenger at once. Or was it simply to *hoax* the inquisitive gentleman? This, doubtless, was the case. But can he be justified in making such a statement, even for such a purpose? I think not; and probably it would not have been made had he been aware that he was furnishing a text for a sermon calculated to do much injury—not to the pecuniary interest of the profession, for so long as people are sick they will call for the doctor, and none are more ready to do it than those who declaim the loudest against them, of which fact, the lecturer himself, from his own remarks, is a good proof—but by weakening that confidence in well-educated physicians to which they are entitled, and which it is absolutely essential they should receive from their patients in order to their successful treatment of many diseases.

Leaving each one, whom it may concern, to make his own comments, I would ask, is it not very desirable for the weal of the community, as well as for the honor of the profession, that there should be less frequent cause to complain of such heedlessness of expressions, to say the least, in our medical brethren?

Yours, truly,

Annisquam, Mass., Dec. 7, 1839.

A. D. BACON.

TREATMENT OF STINGS, POISONOUS BITES, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I feel under much obligation to Dr. Mettauer, for the communication of his experience of the efficacy of ice, as a remedy for the stings of poisonous insects. There can be but little doubt that it might prove equally efficacious, could it be instantly applied, in case of the bite of venomous serpents, and, perhaps, of rabid animals. The misfortune is, however, that in a vast majority of cases, in ordinary country practice, no ice is at hand. In this situation, the best application, which I have been in the habit of making, is laudanum. In common stings of wasps, bees or hornets, the part affected should be kept wet with laudanum, and pretty smart friction be applied at the same time. In this way all pain is usually removed in ten or fifteen minutes, and little or no distention follows.

In violent cases, where the whole system is affected, opium, taken internally, probably affords the surest and speediest relief. In the bites of venomous reptiles, it seems to approach nearer to a specific than any other article. About fifteen years ago, Judge Tappan, of Stubenville, Ohio, when on a visit to New England, informed me that, some time previous, his hired man came home in the greatest agony and distress, from the bite of a rattlesnake. It was an hour or two before a physician could be obtained; and as the case was so urgent as to threaten the sudden extinction of life, the judge undertook to prescribe himself. He gave the man, if I rightly recollect, a teaspoonful of laudanum, and repeated the dose two or three times, within, perhaps, an hour. The result was, that all the threatening symptoms soon yielded, and the patient was apparently out of all danger before the physician arrived.

From the best of testimony, there can be but little doubt that alcohol, both externally and internally, is nearly or quite as efficacious a remedy, in cases of stings and bites, as opium. It is said that a drunken Indian has been frequently known to allow himself to be bitten by a rattlesnake, with impunity.

It is very obvious, however, that the injury and danger arising from stings and bites, must vary very much, from the part where they are inserted. It is very possible, therefore, that in some cases, where a nerve, tendon or bloodvessel is hit, extreme danger, or even death, may occur before any remedy can be employed.

It has long appeared to me—and I think my own experience justifies the idea—that we avail ourselves much less of the external application of opium and other narcotic articles, than might be proper. They are often of great service in topical pain of almost every description; and when aided by warmth and friction, or confined by plaster, they are among our surest palliatives.

In cases of vegetable and mineral poisons, it is apprehended that the medical world have often been led astray, and put upon an entirely wrong course, by endeavoring to combat them with specifics. Such poisons produce diseases, which are to be treated on general principles. If they can be speedily evacuated from the stomach, before much injury

is done, little more is necessary. But when they are entirely out of the reach of emetics, cathartics, or the stomach pump, the symptoms are to be met and palliated, just as they ought to be treated in other complaints; and in proportion to their severity, they yield to the same management. In many, perhaps in most cases, the danger seems to arise more from the shock given to the nervous system, than from any chemical or mechanical injury. Arsenic probably operates in both ways; but I am apt to believe, that in poisoning by this article, death ensues from its effect upon the nerves, rather than the inflammation which it excites. I would treat the disease exactly as I would the same symptoms in the alimentary canal, and in the system at large, when they proceed from any other cause, where the peccant matter is out of reach.

Before concluding, I have a suggestion to make as respects Dr. Mettauer's application of ice. Where this article cannot be obtained, could not the same effect be produced by artificial cold, by dropping ether on the part, and letting it evaporate? When the sting is near the eye, the evaporation might be from a rag moistened with ether. It is a happy circumstance that there are several good remedies for the same symptom; and in case of stings, alcohol, ammonia, opium and ice, one or other of them, is generally nigh at hand. A speedy application is of the greatest importance. Since my recollection, I have known of two instances of death from the sting of a bee, within a dozen miles of my residence. It is probable, in both these cases, a draught of alcohol, properly diluted, or a teaspoonful of laudanum, timely administered, might have prevented the fatal event.

SENEX.

CHILBLAINS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As the season in which this troublesome and painful disease prevails has arrived, a few observations upon it with a remedy attached may not, perhaps, be thought amiss by yourself or your readers.

For an accurate description of the malady and for its causes, I would refer the reader to Samuel Cooper's "First Lines of the Practice of Surgery," Vol. I., page 109. The remedies he there names, too, I should conclude are all good—but *one* of them, in particular, I have never known to fail of curing in a very short time, in whatever state the disease may be—whether that of inflammation, suppuration or gangrene. I refer to the linimentum ammoniæ. It is prepared by mixing half a fluid ounce of water of ammonia with two fluid ounces of olive oil.* Let this be frequently applied to the affected part.

I have already said that I have never known this remedy to fail. I have seen persons cured with one ounce of this mixture, who had had the complaint to a very painful degree every winter for many years.

Respectfully yours,

Unionville, Mass., Dec. 8, 1839.

E. G. WHEELER.

* United States Pharmacopœia.

EXPERIMENTS WITH SMALLPOX.

On the first of February, 1839, Mr. Ceeley inoculated with smallpox matter (*variola discreta*), of the seventh or eighth day, three young heifers; a fourth was at the same time vaccinated.

Mr. Ceeley made seven punctures, and introduced fourteen points near the left *labium pudendi*, and on the same day inserted two setons with matter from the same subject. On the ninth day after this process, he vaccinated the same animal on the right *labium pudendi*, with fifth, sixth and seventh day's lymph from a child, in seven punctures, with fourteen points; and below the pudendum in four punctures, with eight points. On the tenth day after the insertion of the variolous matter, one of the punctures near the posterior margin of the left *labium pudendi* had assumed the form of the natural vaccine vesicle. By gently removing the central irregular crust, and carefully puncturing the cuticle, he was able, in the course of an hour, to charge thirty-eight points with lymph, and on the same and subsequent days to use part of it on children and adults. On the thirteenth day the smallpox vesicle was more inflamed and florid; this was the fifth day after the insertion of vaccine lymph, at which time all the eleven punctures were converted into effectual vesicles; from these he took fine, clear lymph, and used it on children and adults. Both the variolous and vaccine vesicles subsequently ran nearly a parallel course; so that on the twenty-sixth day of the former, and the seventeenth day of the latter, the scars of both appeared perfectly similar.

To obviate objections which might arise from the insertion of the vaccine lymph on the ninth day after the inoculation with the variolous matter, Mr. Ceeley re-inoculated a sturk on the 15th of February with smallpox matter, of the seventh or eighth day, on the *labium pudendi*. He made eight punctures, which were deluged with the variolous fluid from the capillary tubes. On the fifth day the four upper punctures were enlarged and elevated; the other four were less so. On the sixth day all presented the appearance of the vaccine vesicle. From one of them he took lymph with difficulty, and scantily charged thirty-nine points. On the eighth day he again took lymph from the vesicle opened on the sixth. On the ninth day the vesicles were enlarging, and he again opened carefully the first vesicle and charged twenty points. On the tenth day the four lower vesicles were increasing, and from them he charged twenty-seven points. After this time the brown crusts appeared, and the disease gradually declined. This animal was subsequently inoculated, both with variolous and vaccine matter, but no result followed.—*Report of the Vaccination Section of the Provincial Medical and Surgical Association.*

Experiments, by Henry H. Rugg, Surgeon, London.—During the last three years, whenever an opportunity presented itself, I have tried to establish the fact that the pox, which occurs spontaneously on the cow, is the same disease as that which occurs to the human subject, and which we denominate variola or smallpox. The means which I have

taken to arrive at this conclusion, are exceedingly simple, and may have been tried by others before me ; but, if so, I do not think they have been published.

Having a patient, laboring under variola, I took some virus therefrom, and inoculated a cow's udder. On the sixth day, I took some lymph from the cow, and vaccinated a child, two years of age, therewith. On the third day this produced the vaccine vesicle, and at the fifth day came to maturity. I have frequently tried the experiment since, and with like success. The characteristics generally noticed, when a child is vaccinated with lymph procured in this manner, are—the vesicle is sooner formed, sooner comes to perfection, and there is greater irritation and inflammation around the pustule. These peculiarities gradually diminish, according to the number of individuals through whom the virus pours afterwards ; and hence I consider the more recent the matter is taken from the cow, the greater security will there be against the individual vaccinated having the smallpox in its more malignant form, if he should happen to have it at all.

I was led to perform these experiments from having seen the cowpox go through all its proper stages in a person, who was vaccinated two days previous to the smallpox making its appearance on him ; and imagining that two dissimilar eruptive diseases could not happen in the same person at once, I considered that the pox as it exists in the cow was the same disease as the smallpox in a milder form.—*Lancet*.

SMALLPOX AND VACCINATION.

AN elaborate and highly interesting report of recent cases of smallpox in the parish of Chelsea, England, by Dr. W. B. Marshall, was inserted in a late No. of the *Lancet*. Some of the facts we shall condense and publish, as they are peculiarly interesting at the present time.

Of 129 deaths from smallpox that took place between May 1, 1838, and April 30, 1839, 124 took place in the families of the poor and indigent, while only 9 happened in the houses of persons even two removes from absolute poverty and indigence. In 30 cases no professional assistance was had. The families of 114 of the fatal cases consisted of 592 members. Of these only 175 were alleged to have been vaccinated ; whereas, during this or former epidemics, 433 had passed through smallpox. Of the 175 vaccinated, 13 had smallpox subsequently, and one died. Of the 433 smallpox cases, 10 were instances in which the disease occurred twice, and one of the 10 died. Among the unvaccinated cases, one in three was the average mortality.

In extending his inquiries still further, Dr. M. found that of 231 reputed cases of vaccination, without any deduction made for spurious virus or an imperfect operation, only 27 cases of subsequent smallpox are even alleged to have occurred, and of these only 5 were marked by any degree of severity, and but 1 died. Fourteen cases of secondary smallpox were also ascertained, 7 of which were extremely severe, and 3 fatal.

Of the 129 fatal cases first referred to, 56 were under two years of age, and 57 between two and six years. One only of the 129 occurred after vaccination, and 1 also after smallpox.

After the subsidence of the epidemic, it was ascertained that of 757 persons, taken indifferently, being the aggregate number of individuals in the several families who came under official notice, only 7 remained who had neither had vaccinia nor variola. The pestilence, therefore, seemed to be stayed only for the want of victims.

The writer relates a number of instances which came under his observation, showing the security afforded by vaccination. Of these, we have room only for a few :

“ Emma Warman was attacked with smallpox, naturally, when two years and a half old, upon which occasion she was attended by the late Mr. Fletcher, who wished to have inoculated a family of children from her. Another sister had the disease at the same time. A third girl, who had been vaccinated twenty years before, was with the two throughout their illness, and escaped the contagion herself. In 1835, or six years after the first attack, Emma was a second time seized with the smallpox, and attended by Mr. Watton, of London. As on the former occasion, she was again nursed by her elder sister, who again escaped untouched, along with another sister, Mary Anne, and a brother, John, who were both vaccinated at the time. The eldest, who had thus escaped the disease twice, under circumstances of peculiar exposure, had been vaccinated when only four months old, and was the subject of five subsequent, but ineffectual, attempts at re-vaccination.”

“ Sophia Lockyer, 9 years old ; her brother, Frederick, 3½ years ; and her mother, 30 years of age, were all vaccinated respectively in their infancy. During the recent epidemic four cases of smallpox occurred in the family, consisting of eight persons. The father had been inoculated for variola when a child. The whole eight slept in one small room. One of the cases terminated fatally—the patient’s carcase being literally in a state of putrefaction. The eldest girl, Sophia, had been his nurse throughout his illness ; neither she, nor her mother, whose breast he was sucking, nor her only vaccinated brother, suffered in any degree from their exposure.”

The following case is curious, exhibiting the mysterious connection between mind and matter ?

“ William Atkins, ætat. six years, residing in the World’s End Passage, had been vaccinated when — years old. This child was playing with his companions, when another boy, covered with smallpox pustules, ran in among them. He was terrified at the sight, and ran home screaming to his mother the whole way, for her to save him. Nothing could assuage his fears. During the night he was evidently dreaming of the spectacle which had crossed him in the day, and talked about it incessantly in his sleep. He awoke with the precursory fever, and, in due time, his whole body was covered with the eruption.”

The following is worth copying :

“ A case of great interest was brought under my notice while tracing the registered cases of death from smallpox, in which the sucking babe

was vaccinated at the mother's breast while the mother was lying ill of the disease, which eventually deprived her of life, was suffered to suck on, and derive its nourishment from a source tainted at the time with smallpox, and ultimately survived, without contracting the least appearance of the disease of which its mother died, whose milk had been its food, whose arms its cradle, and whose breast its bed, throughout her whole illness."

After relating two cases of much interest, he thus refers to them :

"In the one we see a child escaping from the womb of its mother who is suffering under smallpox. He is free from all external, from all perceptible disease. We mark his progress to manhood and old age, and, tracking his course, we follow him again and again to places infected with variola; and behold him again and again exposed to its virulence, again and again avoiding its contagion. In the other we see a fond mother and anxious wife, herself protected by the process of vaccination, but doubtful of that protection in her own case, still further alarmed for the safety of her husband and children, trembling, as she beholds the dead carried out day after day, lest the life of her unborn one should be forfeited; living in fear for days and weeks, while for days and weeks she inhales an atmosphere charged with the poison which has strewn her place of abode with dead bodies, and brought disease to every hearth in the immediate neighborhood except her own. Herself, her husband, her children, have all gone untouched—her infant is born, is preserved, escapes likewise—the only unprotected one who resists the atmospheric plague; the only living human being there who has come in contact with the disease and escaped its defilement, while alike unprotected by vaccination or variola."

Dr. M.'s concluding remarks are too applicable to our own country and our own condition, to be omitted. They are worthy of an intelligent and noble-hearted member of a liberal profession, and a citizen of an enlightened and christian nation.

"Smallpox, employed as a preventive, only secures the individual by endangering the community—vaccination secures the community by preserving the individual. Let us hope that the land which gave birth to vaccination will not suffer the lapse of half a century from the date of its discovery before guaranteeing to its every inhabitant the full benefit of its application. But vaccination, to be effectual, must be general; and vaccination, to be of general benefit, must be of imperative obligation. And the lesson taught by the smallpox epidemic of the past and present years ought not to be suffered to pass without conveying all the instruction it contains to the Government and people of England. A series of statistical reports on the subject, from every parish in England, ought to be moved for in Parliament; and an inquiry, founded upon the facts and figures afforded by these reports, should be fearlessly instituted; and, arising out of that inquiry, a law should be devised, not for the increase of Ephesian craftsmen's gains—not for the addition to chartered monopolists of wealth and place and patronage—but a law, large, liberal, and worthy of a great, a glorious, and a free people; a law of condescension, stooping to apprehend the case of the meanest, and to provide for the

wants of the poorest; but a law of comprehension as well, spreading wide its arms throughout the length and the breadth of the whole British empire, to maintain the blessings of health and life and beauty among tens of millions of our own name and nation, and among hundreds of millions of our fellow men and fellow subjects, of all colors and of all climes."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 18, 1839.

A VISIT TO THIRTEEN ASYLUMS FOR THE INSANE IN EUROPE.

THE author of a pamphlet with the above title, Pliny Earle, M.D., who says in a prefatory remark at the beginning, that he made a recent tour in Great Britain and on the Continent, and that he visited asylums for the insane, situated either on the route or the immediate neighborhood, has certainly done good service. He has brought together, in a compact manner, a mass of facts, which some men would have managed to swell into a quarto. It is an admirable talent to be able to say much with a few words. In this publication Dr. Earle has certainly shown that thirty-eight pages are just as good as one hundred and thirty-eight. If some of our cotemporaries would study brevity in medical matters, let them copy the very concise style of this gentleman.

Dr. Earle visited the Middlesex County Lunatic Asylum, at the beginning, which seems to be admirably conducted. Of the 600 who were there in 1837, more than 400 were devoted to useful occupations. In the account of the Pauper Lunatic Asylum, at Wakefield, very important statistical observations are introduced, all which are useful to those interested in similar institutions here. We want to collect all the information that can be gathered from such asylums abroad, and introduce into those of our own country all the advantages they possess. Gentlemen, therefore, who collect information like that under consideration, and scatter it amongst the people, confer a direct benefit, which every thinking man will appreciate. Considering the infancy of lunatic hospitals in the United States, we do not believe it is possible to effect better results anywhere, than they have already produced. All the reports which have been published, exhibit, in the clearest light, that the moral and medical treatment of the insane is as successfully practised here, as in any section of the old world. Still, it is not only intensely gratifying to know what and how they are doing in Europe, but it is also important to avail ourselves of any discoveries made there, in the treatment of a diseased mind.

Dr. Earle only relates what he saw—he enters into no speculations, advances no theories, and, what is better still, stops the moment he has nothing more to say. To transcribe very copiously, would be only reciting much that is already familiar to some of our readers, touching the mode of governing the asylums of England, Holland, France, &c. At the 84th page, the author commences a paper on the prevalence of insanity, full of good sense, and well calculated to impress the reader most favorably.

We should have mentioned that Dr. E.'s account of his visits has

already been published in the American Journal of the Medical Sciences. But we are glad to see it in its present form, as an increased circulation is thus secured to it, and its means of doing good proportionably enhanced.

Boston Medical Association.—At a meeting of the Boston Medical Association, at the College, on Thursday last, reports were made by committees previously appointed, which chiefly related to the existing epidemic in this city. Statistical information of considerable interest had been collected, which made it very manifest that there had not been such terrible devastation by smallpox here, as rumor had represented. Being obliged to leave before the close, we were not able to procure the reports, but presume they will be equally acceptable at another time. That upon the necessity of re-vaccination was a document that would be read with eagerness by all persons.

Dr. Haynes's Supporter.—The ingenious inventor of this instrument, thus writes to us :—"There is one fact in relation to my supporter which I ought to have mentioned before, but it did not occur to me at the time I wrote ; it is in relation to a patent. I have not a patent, neither do I want one ; I give the instrument to a liberal profession. Being a member myself of the noblest of all professions, I feel bound, if I can improve or make any discovery in the medical art, to communicate it to my brethren, freely and without reserve. I have had sixty made, fifty of which are in use in the vicinity of Concord, N. H., and so far as I have heard from them, they succeed well in pleasing the unfortunate class who are obliged to resort to their use.

"I think the price of these instruments, not only mine, but all, is a great objection. A large proportion of them are worn by the poorer classes, who are not able to pay, and I propose to have some made, if possible, worth from \$3,00 to \$10 or \$12."

Syrup of Garlic.—To THE EDITOR.—SIR,—This note is accompanied by a phial of "Syrup of Garlic," prepared from the best Mediterranean article, with pure wine vinegar.

The specimen I send you was made *three years* since, by DR. BERNARD MCHENRY, corner of High and Federal streets, Boston ; and my reason for calling your attention to the article is, that at the present season the profession may be reminded of the fact that this simple prescription is a more powerful and efficacious agent in affording relief to the frequent cases of slight pulmonary irritation which pathologically characterize the present season, than any other with a knowledge of which some ten years' experience has furnished me. Your own judgment, however, will enable you to pronounce an opinion.

Respectfully yours,

A COUNTRY PHYSICIAN.

Surgical Operations.—Dr. B. Smart, of Kennebunk, Me., as we learn from a newspaper of that place, has performed the operation of dividing the tendo-Achillis for the cure of club-feet, on three patients since last May. Two of the cases were double, and one single club-foot, and a cure was performed in each.

Dr. S. has also recently performed an operation for the straightening of a crooked knee, occasioned by an affection of that joint, with a curvature of the lower part of the spine, producing a contraction of the muscles connected with the hamstring tendons, the thigh and spine. The leg was bent at an angle of about 40 degrees, and had been progressing for five or six years, and for three or four, about as much crooked as at the time of the operation. The boy, nine years of age, underwent the operation for the division of the hamstring tendons, Nov. 15th. The leg was extended about two inches at the operation, and by appropriate mechanical aids, it is now (three weeks since the operation) nearly straight, and he is able to walk without pain or inconvenience, placing his heel on the ground at every step; being what he has not done for four or five years; during which time he could only bring the toes and ball of the foot to the ground.

Medical Miscellany.—A man at Litchfield, Conn., for a suicidal purpose, swallowed 60 grains of opium, which the immediate use of the stomach pump could not remove, and he very soon died.—In the month of October there were 490 cases of fever at Tampa Bay, of which 413 were intermittent and 77 remittent. All the remaining sick, of the troops, are to be sent to the hospital at New Orleans.—The family of Dr. Young, at Balize, Louisiana, nearly lost their lives by taking a decoction of an article supposed to be senna.—Mrs. Gove has commenced another course of lectures on anatomy and physiology, at the Marlboro' Chapel, in Boston.—Dr. Valentine, who is represented to be a properly-educated physician, is exhibiting himself at the Saloon of the New England Museum, in various humorous characters.—Smallpox has again appeared in several parts of Maine. Cases have also appeared in various towns in this Commonwealth. A week since, a person sickened with it in Springfield, who was supposed to have contracted it in Boston.—Dr. Gross's second volume of *Pathological Anatomy* has been delayed entirely on account of the plates, which were not colored at the time appointed: orders, however, are coming in to the publishers very encouragingly.—Dr. Gallup's work, notwithstanding the ill treatment meted out to it by pseudo critics, has been widely circulated. Literary abuse invariably defeats the object of the slanderer, and helps the sale of a book.—Is it true that Dr. Griscom has written a little 18mo on physical organization? If so, why has it not been sent this way?

MARRIED.—In Mexico, N. Y., E. Leffingwell, M.D., of Montague, Mass., to Miss Jane Elizabeth Jackson, of Manlius, N. Y.—In Hamilton, N. Y., Dr. Henry D. Kendal, to Miss Maria D. S. Havens.—In Gloucester, Mass., Benjamin Haskell, M.D., to Miss M. J. Calef.

DIED.—In Shutesbury, Mass., Dr. Joseph Cobb, 72.—In Natchez, Mi., Dr. Asa Frisby.—At Pensacola, of yellow fever, Dr. Wm. A. Green, of the Macedonian.

Whole number of deaths in Boston for the week ending Dec. 14, 36. Males, 14—females, 12.
Of consumption, 3—hooping cough, 3—typhous fever, 1—smallpox, 9—intemperance, 1—scrofula, 1—drowned, 1—inflammation of the lungs, 1—infantile, 1—inflammation of the bowels, 1—suicide, 1—canker, 1—marasmus, 1—fits, 1—stillborn, 1.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.
 In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated
 18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peizotto to Dr. Thompson, dated
 Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$10.

June 12—17

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
 JOHN B. S. JACKSON,
 ROBERT W. HOOVER,
 J. MASON WARREN.

Oct. 9—4f

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
 WALTER CHANNING,
 JOHN WARE,
 GEORGE W. OTIS, JR.,
 WINSLOW LEWIS, JR.

Oct. 31—eptf

THE AMERICAN MEDICAL ALMANAC FOR 1840,

is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 52 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents.

Dec. 11.

MEDICATED VAPOR BATHS.

PATIENTS are informed that they can have administered to their patients the Whittow Vapor Baths, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-epasmodic, anti-syphilitic, antacid, anti-hemorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional scrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerrish, No. 14 Franklin Place, Boston.

Aug 21—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, DECEMBER 25, 1839.

No. 20.

ON "ALKALINE INDIGESTION."

DR. ROBERT DUNDAS THOMSON read a paper at the recent meeting of the British Association at Birmingham, of which the following is an analysis :—

The author stated that he discovered this form of dyspepsia in 1835, and had communicated the results of his observations to the Medical Section of the British Association at Bristol. Since that period he had continued his researches, and had confirmed the accuracy of his first results by the examination of a very large number of cases. It has been long known that in stomach complaints fluids are frequently ejected from that viscus into the mouth; and it has been by examining the chemical constitution of those fluids that the author has been enabled to simplify, in some considerable degree, one of the most disagreeable forms of dyspepsia. Dr. Thomson divides the fluids which he has detected in these complaints into *acid*, *alkaline* and *neutral*.

1. The *acid* state is familiar to most persons. In the natural, there is no doubt that during a certain period of the process of digestion the contents of the stomach exhibit an acid re-action; that is to say, that litmus paper dipped in the fluid existing in the stomach becomes red; that the fluid tastes acid, and that when distilled over, a quantity of pure water having been previously added, the fluid which passes into the receiver exhibits a faint acid re-action. This does not occur, according to Schultz, however, during the first half hour or hour of the process of digestion. The acid would, therefore, appear to be generated by the process. The discussion with respect to the nature of the acid Dr. Thomson stated that he would reserve for the Chemical Section. When this natural acid, however, as it may be termed, accumulates to a certain extent, symptoms of disease exhibit themselves in the form of a burning sensation at the pit of the stomach, with acid eructations, which do not, however, alleviate the pain. This is the characteristic symptom of *acid indigestion*.

2. The second form of indigestion, indicated by the fluid ejected from the stomach, Dr. Thomson terms *alkaline indigestion*. It is characterized by violent pain in the region of the stomach, accompanied, frequently, with headache and faintness, with a sensation of spasm or contraction in that viscus; the sensation goes on increasing till it frequently becomes intolerable, and, at last, when the agony is complete, the patient is suddenly roused by a determination to the mouth of a

large quantity of fluid, which must be immediately evacuated to give place to a succession of similar occurrences; at last, however, the flow of fluid becomes so abundant as to constitute an actual stream; it continues to flow for some time, but gradually diminishes in quantity, and at length ceases, and with it the pain in the stomach. The latter is the characterizing symptom of *alkaline dyspepsia*, or *pyrosis*, as it has been frequently termed. But hitherto it has always been confounded with other forms of indigestion. Dr. Prout has published an account of his examination of the fluid of pyrosis, and has stated that it was acid; the fluid, however, was not procured by himself, but was sent him from one of the hospitals, where the mistake was very likely to occur. This form of indigestion occurs much more frequently than is generally imagined. Dr. Thomson stated that out of 40 or 50 patients daily seen at the Blenheim-street Dispensary, in London, he generally met with one or two affected with symptoms of this description. It frequently occurred in coincidence with affections of other organs—as of the uterus, liver, &c., and was often of such a pressing nature that it required more of the skill of the medical man than the original disease. Certain it was that it was absolutely necessary to treat it with as much care as the original complaint, and if the action had been allowed to go on for some time unchecked, the secondary affection became as firmly fixed as the original disease which had induced it; so that after the removal of the latter a secondary disease, as truly rooted as the first, required to be taken under the physician's care; the treatment consisted of the administration of acids, tonics and narcotics, which required to be prescribed with care, otherwise the *acid indigestion* was frequently induced, which was as difficult to eradicate as the alkaline form.

3. The last form of indigestion, as indicated by the fluid ejected by the mouth, which the author had met with, was a *neutral* state, which was of much rarer occurrence. Dr. Thomson had, however, met with several cases, and had succeeded in overcoming the disease by the use of tonics.—*London Lancet*.

REMARKS ON IODINE AND THE HYDRIODATE OF POTASSA IN CHRONIC DROPSY, WITH CASES.

BY P. SPALDING, M.D., HAVERHILL, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

It is highly probable that the medicinal virtues of many of our most approved remedies are but imperfectly understood, and especially those recently introduced to the notice of the profession. With much propriety it may be said of iodine and its compounds, our knowledge, as yet, is extremely limited. Though it has been used by many physicians, and applied in a vast variety of diseases, still an amount of knowledge is yet to be acquired, which can only be obtained by long and careful observation and experiment. That iodine possesses heroic virtues, cannot be doubted; and notwithstanding its "*modus operandi*" is not clearly understood, facts incontestibly prove that we have no remedy

which can take its place. From a general use of this article for twelve years, I have been led to conclude that it was a tonic or stimulant of a peculiar character, operating upon textures not easily affected by other agents, exciting the absorbents in a most powerful manner, and enabling them to remove unnatural deposits, and even endangering, by a long continuance in its use, the absorption of healthy textures. Its operation is entirely different from mercury, though it may resemble it in some respects. While the latter is well adapted to common and some kinds of specific inflammation, equalizing the circulation, changing the nature of the action, breaking up morbid associations and habits, stimulating the secretions, &c., iodine operates more directly upon the textures not attended with common inflammation, but generally affected with specific irritation or inflammation, partaking of the nature of scrofula or tubercle. Though its operation is not confined to the above condition of the system, yet it must be admitted that we have no article in the *materia medica* that has such a controlling influence over the incipient stage of tubercle, or so directly and efficiently removes scrofulous depositions and irritations.

If the early stage of phthisis was carefully observed, and that condition of the system favorable to the production of tubercles understood, so that a judicious use of iodine or some of its compounds could be administered before the tubercular deposit had destroyed the surrounding texture, it is more than probable that a vast amount of human life might be saved, and a disease, which has been the terror of all ages and classes, be disarmed, and many, who go down to the grave prematurely, a reproach to the medical profession, be saved. The incipient stage of tubercle is too much overlooked, and its diagnosis not sufficiently pointed out. Perhaps the nature of the subject will not admit of this; but could it be done, and an early resort to iodine, or its compounds, together with diet, exercise, cleanliness, and those means which give tone and vigor to the system, be adopted, it would constitute a new era in the treatment of a class of diseases which destroys a great proportion of the civilized world.

But in this communication I wish more particularly to direct the attention of the profession to the use of this article in chronic dropsy, in confirmation of what has already been given to the public. Having observed, in the *London Lancet*, that the hydriodate of potass had succeeded in curing several cases of dropsy which had resisted every other means of treatment, I was induced to try it in the following cases, and the result was such as to leave no doubt on my mind that the writer of that article had come to correct conclusions, and that iodine, in certain cases of dropsy, will effect what no other agent as yet discovered can do.

CASE I.—I was called, June 10th, 1836, to Mrs. F., *ætat.* 23, in labor with her first child. Four months after becoming pregnant, she began to bloat more than was common at that stage of pregnancy, and it continued to increase, notwithstanding the usual mode of treatment was perseveringly resorted to, until it became enormous; the whole cellular membrane filled with water, the ankles burst open, the abdomen was enor-

mously enlarged, breathing laborious and frequent, palpitation of the heart, with strongly-marked symptoms of hydrothorax. She had an easy labor of about four hours, when she was delivered of a feeble child, weighing about five pounds. Strong hopes were now entertained that she might do well, and absorption take place, as is most usual under similar circumstances. Two days after, I was called, and found the abdomen larger than before the birth of the child, tender, fluctuation very distinct, cellular membrane distended to bursting, diaphanous, breathing laborious and frequent, pulse 130 and feeble, tongue slightly furred and dry, urine scanty, lochia almost colorless, palpitation, bowels constipated. Directed a purgative, calomel and jalap, to be followed once in six hours with tinct. digitalis gtt. 20, spt. nitre dulcis gtt. 40. Drink freely of cream of tartar, and Dover's powder at night.

June 13th. Cathartic operated well; stools green and slimy; urine wanting; other symptoms as day before, except an increased hardness of the abdomen. Continued the medicines. *14th.* Full discharge from the bowels; stools yellow; breathing more laborious; half a pint of urine the last two days; lochia colorless; other symptoms as before. Continue the treatment. *15th.* Palpitation increased and breathing suffocating; bloating not abated. Being greatly alarmed, I resolved to give the hydriodate of potass a fair trial.

The following course of treatment was adopted, which succeeded in the course of 24 days in removing entirely the disease. Directed hydriodate of potass gr. 5, spirits nitre dulcis, 3 i., to be taken four times a day; gentle cath. cr. tartar and jalap, Dover's powder, at night. In two days the urine began to increase; bowels became so loose that the cr. tart. and jalap was discontinued. The potass was gradually diminished, as the symptoms abated. In three weeks it was discontinued, and recourse had to a gentle course of tonics, which soon restored the patient. At no time during the treatment was the urine very much increased, or the stools particularly fluid; much of the water must have passed off by insensible perspiration. Some doubts rested on my mind what agency the hydriodate had in the above case, more particularly as most patients with puerperal dropsy recover after the birth of the child; but so far as I could judge, it operated like a charm. There can be no doubt, in the following case, that iodine effected a most remarkable cure.

CASE II.—R. S., ætat. 20, March, 1835, complained of pain in side, back and bowels, extending from the back through to the umbilicus; amenorrhœa, loss of appetite, slight fever, bowels constipated, and a fulness in the hypogastric region. Although submitted to judicious medical treatment, the bowels gradually enlarged, until it was suspected that she might be *enceinte*, and this suspicion was increased from the fact of there being an uncommon shyness when any allusion was made to the particular cause of her complaint. Time, however, proved the incorrectness of that opinion, and the abdomen continued to increase, and though submitted to the most active course of hydragogues, diuretics and mercurials, and every plan of treatment that afforded the least prospect of success, she was at last abandoned by her physicians, and her case considered hopeless. She continued, several months previous

to my being called, bolstered up in bed, with breathing accelerated, laborious, and often suffocating; was at times thought to be dying; bowels greatly enlarged and costive; urine scanty, high colored; appetite very poor, and no relish for food of any kind; feet and legs slightly oedematous; the least motion put her very much out of breath. When called, October, 1836, the pulse was 110, feeble; tongue moderately coated and pale; skin bloodless; urine scanty; breathing laborious, like a person panting for breath after violent exercise; bowels confined, greatly enlarged, and as hard as an encysted tumor; not the least fluctuation could be observed.

From the remarkable hardness of the abdomen, its gradual enlargement, and the persevering use of active and appropriate medicines which had been given, I was somewhat in doubt in making out a diagnosis, but concluded, at least, if it was not a case of encysted dropsy, it was one that would be benefited as much by iodine as by any other remedy. Directed five grains of blue pill at night, followed the next morning with cream of tartar, gamboge, and jalap, so as to operate decidedly on the bowels, and to be repeated as often as the strength would admit, which was once in two and three days. Gave hydriodate of potass, gr. v., iodine, 1-16, in water, once in six hours; compound powder of ipecac. at night; nutritious diet, and agreed to call again in two weeks, at which time the medicines had all operated favorably, but no sensible abatement of the symptoms, except the bowels were less hard, but could not detect a fluctuation; breathing very little improved. Medicine continued two weeks longer, when I saw her again; symptoms then considerably improved; bowels quite soft, easily moved with alteratives, and a distinct fluctuation; breathing much relieved; appetite improving; urine greatly increased. The voice, which had heretofore been a whisper, was distinct and audible. Directed a cushion to be applied to the abdomen, laced as tight as could be comfortably borne; diminished the iodine and potass one third, omitted the blue pill, made a small caustic issue to the spine, as there was considerable tenderness between the shoulders, and continued the other treatment as before. This course was followed up for several weeks, when the iodine was still farther diminished, and the carbonate of iron substituted; and at the end of four months from the commencement of treatment, the bloating had entirely disappeared, and the patient was comfortable about the house, and able to do light work. The catamenia returned after a few months, under the use of tinct. of guaiac., friction to the lower extremities, invigorating diet, exercise, and blisters to the mammæ. She has since enjoyed perfect health.

CASE III.—L. T., ætat. 19. This patient had been unwell for two years, with amenorrhœa, bloating of the abdomen and lower extremities, costiveness, indigestion, urine scanty, high colored, and at times voided with difficulty. She had been under medical treatment from the commencement of her illness until I saw her. Catamenia had returned once during her sickness, but with no apparent amendment. When called, the disease had assumed a more acute form; bowels considerably enlarged, tender on pressure, and constipated; vomiting for the last two days almost incessant, of a bluish green fluid; pulse 120, small and

wiry; tongue, dark coat in the middle, red at the sides, and very dry; urine scanty; bowels had not been moved for four days, though a large quantity of various kinds of physic had been given, followed by active injections, until they were abandoned as of no use. Took 16 ounces of blood from the arm; directed 20 leeches to the abdomen once in two hours; a blister to the spine, to be dressd with 40 grains of calomel; rice water; perfect rest. Next morning the pulse were a little fuller, and not quite so hard or frequent; vomiting had abated, except when something was taken into the stomach; not more than a teaspoonful of rice water could be borne without exciting vomiting; other symptoms as the night before. Continued leeches during the day; blister to the abdomen; gave two grains of calomel and half grain of opium in a small pill once in four hours, and occasionally a brisk injection. The next morning there was a free discharge from the bowels, and a slight pyalism was excited. The irritation of the stomach subsided, the bowels became loose, soreness almost abated. The pyalism continued about ten days, after which she gradually improved, so that in a few weeks she was comfortable. I felt in hopes that the salivation might change the nature of the action, produce absorption, and prepare the way for a permanent cure. But the bowels remained bloated the same as before the acute attack; more easily moved with physic and laxatives; urine scanty and high colored; countenance very pale; amenorrhœa.

Under this state of the system, I directed three grains of the hydriodate of potass, to be taken in solution once in six hours, and gradually increased to five grains, and continued until there was a change in the quantity and quality of the urine. In about ten days the bloating began to diminish, urine moderately increased, together with a very sensible amendment of the appetite. The hydriodate was gradually diminished as the bloating disappeared, and the carbonate of iron substituted as a tonic, and at the end of 12 weeks the catamenia returned, and every symptom of disease had disappeared. This patient has been uncommonly healthy and robust ever since.

The above cases are not presented to the profession, believing that iodine is a specific, or that it was the sole agent in effecting the above cures; but still it is believed, whatever agency other remedies might have exerted, that without the use of iodine or the hydriodate, we should have failed in producing absorption, and that great confidence may be placed in the use of this remedy in chronic dropsy.

Nov. 15, 1839.

REMEDIAL EFFECTS OF DIET.

[DR. JOHN FORBES, editor of the *British and Foreign Medical Review*, and one of the editors of the *Cyclopædia of Practical Medicine*, writes as follows on this subject. What a contrast to the doctrines so strenuously advocated by some of our modern philosophers and physiologists! It is possible, however, that some of his remarks are more applicable in his country than in ours.]

When we learn, from some good people, that man may live well on a vegetable diet, and that his clay requires nought but water to moisten it, instead of gainsaying them, we refer them to the corn mart, in Mark Lane, or some other assemblage of tillers of the soil, for specimens of the connexion of air and exercise, meat and beer, with large, athletic, vigorous, healthy forms. And when we find some of our well-meaning acquaintance educating their children in habits of abstinence and water, and complaining that, notwithstanding their careful dietary, the little growths are not so vegetative as they could wish, we have often found reason to congratulate them, that the daily allowance of a glass of stout and a little more meat has entirely altered the appearance of things ; has put an end to a catalogue of pains, and aches, and disorders ; has colored the pale cheek, and has made what promised to become a rickety bantling into a reasonably healthy boy. Why mankind requires the diet which we should recommend, is a question which would be better answered by an experienced breeder of cattle than by any one beside. At present we are disposed to be dogmatic ; and to say that, in the great majority of cases, whether from the habit of parents having communicated a particular disposition to their offspring, or from the effects of injudicious general intellectual and physical management, the strongest organization will not be raised in this country on oatmeal and potatoes—add to these as much water as you may—but on good meat and bread, with *genuine* infusion of malt and hops ; we say “genuine,” because the scandal which attaches itself to beer is—sometimes at least—owing to the poisoned compound which it too often pleases and profits brewers to sell under that name.

In reasoning on the subject of diet, it should always be borne in mind that men are rarely living in a wholesome state, but are habituated to practices very foreign to health ; that the exertions which, in a simple state of society, would have sufficed for maintenance, are not regarded as sufficient now, and that they are too often accompanied by an anxiety and disappointment which are as exhausting as the exertions themselves ; and, moreover, that the effects of these and many other circumstances, which must occur to every reflecting practitioner of medicine, are such as diminish and exhaust power. It would be very easy, and on that account it is unnecessary, to give any illustrations of the above remarks.

A careful investigation of the history of a case, and great attention to both hereditary and acquired constitutional peculiarities, and to temperament, are necessary to the practical application of any dietetic rules. But we believe that it is the diet, far more than any medical treatment, that is important in many cases ; and, not until diet is made a subject of more permanent importance than is at present the case, will the physician obtain, in the management of the vast class of cases termed nervous, the credit which he assuredly does not at present possess. It has fallen to our lot to observe cases of this kind, of years' duration, and some of the most distressing character, which have been subject to all the systems of simple medical treatment which ingenuity could devise for their relief, but which have speedily, we might almost say instantaneously, been relieved by the discontinuance of the medicine, and the employment of diet and regimen instead. We could derive from facts

of this sort, the strongest arguments in favor of change in the present mode of remunerating medical practitioners in this country ; such a change, in fact, as should tempt the practitioner, on seeing his patients, to ask himself—instead of “What medicine shall I give in this case?”—“Is it necessary to give any medicine at all?”

There are many individuals who have always been used to such a diet as would suit the majority, but which is not proportionate to the demands of their constitution, and the exertion, either mental or bodily, to which their daily avocations call them. They suffer from palpitations, or frequent despondency, or repeated headaches. A moderate daily allowance of good beer or wine, with an increase of animal food, is a rapid, certain, and perfect cure for these complaints.

CONGENITAL MALFORMATION.

[Communicated for the Boston Medical and Surgical Journal.]

SOME time in August last I was called, in the night, to visit Dr. Webster's family, of Hill. Mrs. W. had been confined, the previous afternoon, of a male child, and was then comfortable. Nothing unusual appeared in the child at birth ; its exterior was perfect, so far as had been discovered, and its features were uncommonly beautiful. Very soon, however, it was seized with spasms, attended with a livid appearance over the face and neck, and in some degree over the whole body, more especially when anything was put into its mouth. The nurse told me, on my arrival, that she believed the child could not swallow. Finding nothing in the mouth to obstruct the passage to the throat, and in order to satisfy myself as to what the nurse had stated, I directed her to give a teaspoonful of warm drink. The child made no effort to swallow, but was immediately convulsed, accompanied with the lividity above mentioned, and the drink which had been given was returned by the mouth and nose, mixed with bloody mucus. Supposing there might possibly be some spasmodic stricture of the œsophagus, and that gently stimulating the rectum would remove the difficulty, I advised an injection of warm water per anum. But in attempting to comply with the direction, no outward passage could be found ; not even the vestige of an anus was seen ; all was as smooth as the hand, except the raphe, which extended from the scrotum to near the point of the coccygis. All the circumstances of the case considered, it was not thought advisable to attempt any operation, and I took my leave, expecting soon to hear that the child was dead. It remained, however, much the same till the next day ; it would sometimes lay quiet, as though nothing ailed it ; and the anxious parents, desiring that something might be done, if possible, to relieve the little sufferer from its impending fate, sent for me again, and two others of the faculty. The result of this consultation was, that an attempt be made to open a passage into the rectum. An incision was made in the integuments, about an inch long, half way between the scrotum and coccygis, and an abscess lancet introduced about an inch and a half in the direction to pierce the lower portion of the gut, if it were in its natural situation. No portion of the intestine was reached,

and, of course, the operation failed—and the poor little thing was again left to its fate. It lingered a day or two, without any change of symptoms, and expired.

Post-mortem Examination.—The abdomen was considerably swollen, from gaseous distension of the intestines. No other abnormal appearance was noticed in the alimentary canal, except at its extremities. On dissecting out the lower portion of the track, it was found that the rectum, instead of pursuing its natural course down the concave surface of the os sacrum and coccygis, took an anterior direction towards the bladder, and terminated in a cul de sac upon the posterior portion of the neck of that viscus. The bladder could be inflated from the rectum by means of a blow-pipe, though the communication could not be traced by a common probe.

The condition of the upper end of the tube was still more remarkable. The pharynx terminated in another cul de sac, about two inches below the fauces. The œsophagus, tracing it upward from the cardiac orifice of the stomach, diminished in size as it ascended, till it finally ended in a few scattered fibres, passing through an opening in the posterior part of the trachea, to be inserted upon its inner surface.

I have procured a drawing of the dissection, which I enclose in this communication, and which, together with the communication, is at your disposal.

Sandbornton, N. H., Dec. 4, 1839.

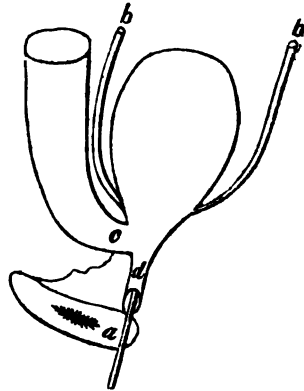


FIGURE 1.—a, Portion of the perineum. b b, Ureters. c, The rectum ending upon the neck of the bladder. d, The urethra.

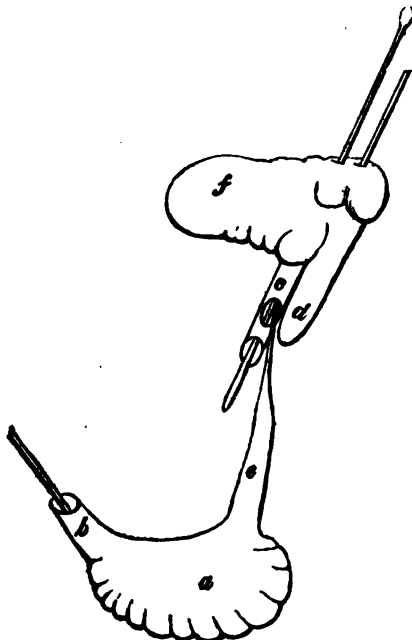


FIGURE 2.—a, The stomach. b, The pyloric orifice. c, The trachea. d, The pharynx, ending in a cul de sac. e, The œsophagus, ending upon the inner surface of the trachea. f, The tongue.

Yours, &c.,

THOMAS P. HILL.

REPORT ON SMALLPOX IN BOSTON.

REFERENCE was last week made, in the Journal, to the reports of Committees appointed by the Boston Medical Association. That on the number of cases of smallpox and varioloid, signed by Jacob Bigelow, M.D., chairman, and J. B. Gregerson, M.D., Secretary, we condense and publish below. After stating that requisite inquiries had been addressed to all the physicians in the city, and that from the answers received it appeared that the disease had been seen and attended by less than half of the physicians, the report proceeds:—It appears that the whole number of cases known to the physicians of Boston during the present epidemic, and up to December 9th, is 248, as follows :

Males, 115 ; females, 121 ; sex not stated, 12.

In regard to their place of birth, it appears that there were—Native, 184 ; Irish, 13 ; other foreigners, 50 ; unknown, 1.

The extent of the disease in different sections of the city is as follows :—Eastern section, 9 ; Northern, 144 ; Central, 7 ; Western, 60 ; Southern, 13 ; South Boston, 13 ; unknown, 2.

The ages are as follows :—Under 2 years, 10 ; between 2 and 10, 44 ; do. 10 and 20, 49 ; do. 20 and 40, 101 ; over 40, 34 ; unknown, 10.

In regard to occupations and condition, there were—Laborers, 27 ; mechanics, 32 ; merchants, traders and professional, 22 ; domestics, 28 ; others, including children, 114 ; unknown, 25.

In regard to previous protective diseases, there had had previous smallpox, 13 ; vaccinated once, 149 ; vaccinated twice, 18 ; vaccinated more than twice, 1 ; never had smallpox nor vaccination, 55 ; unknown, 12.

In the 168 vaccinated, the time which had elapsed since vaccination was—less than 1 year, in 16 ; 1 to 5 years, 23 ; 5 to 10, 18 ; 10 to 20, 34 ; more than 20 years, 43 ; unknown, 34.

The causes to which the patients attributed their disease, were—Direct communication with the sick, 127 ; supposed conveyance of contagion by another, 1 ; unknown, 120.

In regard to the character and severity of the disease, the following are the results :—Varioloid, or slight disease, 145 ; smallpox, or severe disease, not fatal, 52 ; smallpox, fatal, 22 ; character not stated, 29.

An inquiry was further made by the committee into the number of persons who were exposed to take the disease by residence and direct communication with the sick, and also of those who actually took it from such exposure. The returns on this head were made by only a part of the physicians applied to, but will serve to throw some light on the proportion of cases. Persons reported as exposed as above, 1502 ; number of those who took the disease, 64, which is about 1 in 23.

The committee think it necessary further to state, that a few of the foregoing cases are supposed to be repetitions, in consequence of the same patients having been attended in different periods of their illness by different physicians. They have further to add, that in a separate report obtained from the resident physician of the city, 76

cases are given, a large portion of which were transferred to his care by other physicians, and of course included in the previous part of this report. As the names are not given in his return, the committee are not able to decide on the identity of the patients, but if one half of them be considered as additional cases, it will make the total aggregate of varioloid and smallpox amount to 296 cases, which is believed by the committee to be a full estimate of the whole aggregate, within the last two or three months.

The committee subjoin the following gross results, as illustrative of the protective power of vaccination, as now generally practised in this city.

The whole number of slight cases reported, is 145 ; severe do. 52 ; fatal, 22. Making the slight cases to the rest, as about two to one.

The persons reported as immediately exposed to the disease, are 1502, of whom 64 only are known to have taken the disease, or about 1 in 23.

Of the 22 cases which proved fatal, 18 were in persons never vaccinated, nor protected by previous smallpox, being nearly 6 out of 7. Of the remaining four, two had been vaccinated, and two had had the smallpox, one by inoculation, the other in the natural way.

Assuming the population of the city at 80,000, and the number of cases at 300, the proportion of inhabitants who have taken the disease is one to 266. The number of deaths which have occurred is 22, which being averaged on the foregoing population, is 1 in 3636 ; and of those vaccinated, only 1 in 40,000.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 25, 1839.

VACCINATION.

At this particular period, when physicians are questioned so much and so frequently about the value of this operation, and the circumstances under which it should be performed, any information explanatory of the laws regulating the action of the vaccine virus, when introduced into the human system, cannot be otherwise than acceptable to the younger members of the profession. A variety of communications, chiefly theoretical in their character, relating to this very subject, were received in times past, originating principally in places where the public excitement was very great, in consequence of the existence of smallpox. Mr. Coggeshall, a student of medicine, who is very familiar with the process of vaccination, having enjoyed uncommon facilities, has presented the following paper, which is entitled to the respectful consideration of those who have leisure or inclination to examine the matter in detail. If he is correct in his deductions, a discovery has been made of consequence to mankind. We have no disposition to meddle with the subject any further than to give it a place in the Journal, with the conviction that gentlemen

competent to the undertaking, will ascertain the correctness of Mr. Coggeshall's views, or show that he labors under a most singular mistake.

Re-vaccination. By J. H. COGGESHALL.—It is a question in medical science, whether re-vaccination is necessary to prevent smallpox. Some say it is, and some that it is not. The common theory among people in general, seems to be this, viz., that re-vaccination is necessary once in seven years. This probably originated from the idea that the human system undergoes an entire change in that period of time; but this notion, to my apprehension, is as false as it is common. A late French writer says that the only safety is in re-vaccination; but he does not tell us under what circumstances it should be performed.

The object of this communication is to prove that re-vaccination is necessary in most cases; and the reason why it is so, I shall endeavor to explain. According to my observations, at the Health Office, in this city, since August last, where many thousand individuals have been vaccinated and re-vaccinated, from the age of four weeks to eighty years, it has been noticed, in hundreds of instances, that those who were vaccinated in childhood were not susceptible of a second vaccination before the age of puberty; but after they had passed that epoch, they were susceptible of a re-vaccination. Those, on the other hand, who received their first vaccination since puberty, were proof against a second operation. The third trial, in all cases, has been ineffectual. It has been proved, beyond a doubt, that where the genuine matter was used, every individual was susceptible of vaccination, except those who have taken the disease the natural way from the cow; and they, of course, were proof against vaccination, varioloid and smallpox.

In visiting the hospital and private patients now sick with the prevailing epidemic in Boston, I have examined them in regard to their vaccination. Those who have had the confluent smallpox, I find have never been vaccinated. Some were children under four years of age; others were people who came from some remote place, where vaccination is but little attended to. Those who have the varioloid, in a milder form, uniformly say they were vaccinated when they were children. Many of them, however, give a very uncertain account of the matter. I find no individual who has had the varioloid, who was ever *re-vaccinated*.

Now what do all these facts and circumstances prove? *First*, they prove that every individual is susceptible of vaccination. *Second*, that *re-vaccination* is not necessary before puberty. *Third*, that the system undergoes a change at puberty, and that re-vaccination is then necessary. *Fourth*, that vaccination is a sure preventive of smallpox. *Fifth*, that *re-vaccination* is a sure preventive of the varioloid. *Sixth*, that the third vaccination is inert. *Seventh*, that the system is susceptible of varioloid, after puberty, whenever the individual is exposed to smallpox without re-vaccination. *Eighth*, that *re-vaccination* is not necessary, if the first operation was performed since puberty. *Ninth*, that those who disregard vaccination are always liable to smallpox whenever exposed to the influence of that dreadful disease. *Tenth*, that if every individual were vaccinated before puberty, and re-vaccinated after that revolution of the system, there would be no such disease existing as smallpox or varioloid.

We do not arrive at these conclusions hastily, by any means; they are based on actual experiment upon many thousands, of all ages and sexes. Even since I have been preparing this paper, there have been more than

fifty examples before me, that would establish the foregoing statements, beyond all doubt. I visited the State of Maine, when the epidemic was there, and vaccinated the inhabitants of one town, in which I found the same undeviating rules to hold good. In Boothbay, the principal seat of the disease, it was noticed that the infection passed harmlessly by those who had been vaccinated.

It is hoped that every medical man, at least, will investigate this subject for himself, and let the public know the result. In all my experiments the genuine virus has been used. Very frequently, in places where vaccination is but little attended to, spurious lymph is used, and an imperfect protection will of course follow.

Smallpox in Boston.—Since the statement made by the Medical Association, the people appear less alarmed. Those who visit Boston, from the country, are now well satisfied that they were unnecessarily kept from transacting business here, through excessive fear. Cases are continually occurring, but they are more confined to one place than they were some weeks ago. The hospital at the foot of Bridge street is admirably provided with everything that could be desirable to make the unhappy sufferers by this disease, as comfortable as possible.

American Academy of Arts and Sciences.—The following catalogue of the officers of this institution is inserted, because it may be a convenience to medical gentlemen, throughout the country, to know whom to address, in writing to the Society. A large number of physicians belong to the Academy.

John Pickering, LL.D., *President*; Jacob Bigelow, M.D., *Vice President*; Charles Folsom, A.M., *Corresponding Secretary*; Benj. Peirce, A.M., *Recording Secretary*; Joseph Tilden, *Treasurer*; Enoch Hale, M.D., *Librarian*; George Hayward, M.D., John Ware, M.D., *Committee of Publication*; John Pickering, Jacob Bigelow, Daniel Treadwell, John Ware, Benjamin Peirce, *Rumford Committee*.

Population of France.—The total number of births in Paris, during the year 1837, was 29,192; or, 14,651 boys and 14,541 girls. Of the number born, no less than 9,578, or nearly one third, were born out of wedlock. The number of deaths amounted to 28,134. There died—at home, 17,127; in hospital, 10,604; in prison, 99; while 304 bodies were deposited at the Morgue.

Hence of every *five* persons who die in Paris, only *three* have the satisfaction of dying in bed.

The number of deaths from smallpox, out of a population of 774,338, amounted to 458; in the year 1836, it was only 227.

The proportion of males to females born is as 17 to 16; but of children born out of wedlock, the proportion is as 24 to 23.

As there is one birth for every 32.7 inhabitants, if we suppose the population to remain nearly stationary, the mean duration of life is expressed by 32.7 years. Before the revolution it was only 28.75.—*French Lancet*.

Prison Mortality in France.—From 1815 to 1818, the general mortality of the prisons in Paris was 1 death for every 12.01 prisoners; from 1819

to 1825, the mortality was reduced to one in 15.30. In the other prisons of the kingdom the general mortality was one in 20.9.

In the places where galley slaves are confined, the mortality from 1816 to 1827 was as follows :—

Rochefort, 1 in 11.51; Toulon, 1 in 20.55; Brest, 1 in 27.06.—*French Med. Gazette*, Sept., 1839.

Adulteration of Bark.—The present high price of cinchona bark has given rise, in France, to an adulteration to which we think right to direct attention, as, from a similar reason, it may probably be attempted in this country :—

The bark employed in the adulteration is the cinchona ovata, and a considerable quantity has been sold to the central depot of the Parisian hospitals. On being analyzed by M. Bouchardat it was found to contain a peculiar crystallizable principle, but neither quinine nor cinchonine. The cinchona ovata may be recognized by the following characters. It is of a greyish color, mixed with pale yellow, the internal surface of the bark being dark and constantly dirty looking; it is much lighter than the true barks, and its form is that of a *tube*, from two lines to an inch in diameter, without any admixture of flat bark with it.—*French Lancet*.

Black Pitch in Hæmorrhoidal Affections.—Mr. Wardleworth, an English surgeon, has found the *pix nigra* of great benefit as a remedy in internal and external hæmorrhoids, whether of a blind or bleeding character. His formula is the following: Pitch, 3ss., divided into three pills, two to be taken every night, attention at the same time being paid to the state of the intestinal canal.

Ovarian Dropsy.—The following extraordinary case is taken from the Connecticut Courant. The references place the truth of the recital beyond all manner of doubt. "Died, at East Windsor, Con., on the 5th of Dec., inst., Mrs. Esther Stiles, aged 49 years. The disease (ovarian dropsy) which was the cause of her death, commenced as early as the year 1820, and on the 15th July, 1834, 28 pounds of water were drawn from the abdomen by tapping. Since that time 70 operations have been done, and more than 3115 pounds (nearly 12½ barrels) of water have been drawn. During the greater part of this long period, Mrs. Stiles's general health did not appear to suffer excessively, and until the last three or four weeks of her life, she ate and slept well, and attended to the ordinary domestic concerns of her family, and except from the unwieldiness of such a mass of water (often more than 50 pounds), she was not subject to any distressing sensations. Her strength, however, gradually declined, and at the time of her death she was very much emaciated. Should any person question the authenticity of this unparalleled case, reference may be made to Dr. Hiram Watson, the attending physician, to Drs. E. F. Read and James H. Morton, consulting physicians, or to her brother, Mr. John Morton, who, with his wife, assisted at most of the operations, and has kept a particular account of the date of such operations, and the quantity of water drawn."

On Longevity and Mortality in Prussia. By DR. HOFFMAN.—During the 18 years, commencing 1st January, 1820, and ending 31st December,

1837, the mortality in 12,626,379, being the average population of Prussia during that period, amounted to 6,653,167. Of this number, 149,058 attained the age of from 80 to 85 years; 67,754 that of from 85 to 90 years; and 31,516 attained an age beyond 90 years. Thus, 248,328 individuals, or 3.732 per cent. of the population attained an age beyond 90. During the same period, the births amounted to 9,236,107. Of this number 319,243 were stillborn; 1,577,018 more died before the completion of the first year; 751,737 died during the 2d and 3d years; 305,237, during the 4th and 5th years; 171,808, during the 6th and 7th; 154,124, during the 8th, 9th and 10th; and 123,693, during the 11th, 12th, 13th and 14th years.—*Medicinishe Zeitung*.

Treatment of Delirium Tremens without Opium. By T. CAHILL, M.D. —Although confident, from a good deal of experience, of the infinite value of opium in many cases of delirium tremens, we have ourselves witnessed so much evil from its indiscriminate and exclusive use, that we gladly receive Dr. Cahill's criticisms on the practice. The original article contains the details of seven cases, which are intended to illustrate, and do illustrate, the proposition maintained by the author, "that opium is not beneficial in many cases; in others, that it is positively injurious; and that in all a cure can be effected without its assistance."—*Dublin Journal of Medical Sciences*.

Medical Miscellany.—Of 154 convicts now in the Tennessee State Prison, 61 attribute their crimes to the use of ardent spirits—66 are habitual drunkards, and 82 occasional drunkards.—What is the reason that the first American edition of the London Dissector, revised and corrected by Edward J. Christy, has not been sent to Boston? The work is needed here.—Dr. Dunglison's work on New Remedies is exceedingly admired by practitioners in this part of the country.—Dr. James Hamilton's table of Chemical Equivalents is wanted hereabouts.—Smallpox has appeared in the neighborhood of St. Johnsbury, Vt.—Dr. Thomas E. Gage, of New York, has been apprehended for procuring an abortion. Several others concerned in the same affair are likewise in limbo. The details are most shocking, and show a degree of moral turpitude almost without a parallel.—Assistant Surgeon D. Harlan is ordered to the Sloop of War Dale; Surgeon B. Ticknor is Fleet Surgeon, and T. M. Smith, Geo. Manesby, and Charles Bates, belong to the Ohio—now at Gibraltar.—The Westminster Medical Society, in England, numbers about 1200 members.—At a late meeting of the Medical Society of London, a member made some important statements respecting the effect of ergot of rye on foetal life. A friend of his, he stated, instead of taking ergot of rye in his pocket, as formerly, when he went to a labor, had now substituted tea and sugar. Other members had not found it hurtful.

TO CORRESPONDENTS.—A foreign communication on the contagiousness of plague is reserved for next week.—Dr. Alcott's third paper came too late for this No. We trust our motives in giving insertion to these papers will not be misunderstood. So much has been said by others, in the Journal, respecting Dr. A.'s "notions," that he claimed, for once, as an act of justice, space to state his views in full. This we could not consistently refuse, though aware that some of our friends would, at first thought, find occasion for complaint.

Whole number of deaths in Boston for the week ending Dec. 21, 30. Males, 13—females, 17.

Of consumption, 5—dyspepsia, 2—infantile, 2—smallpox, 11—intemperance, 1—lung fever, 2—old age, 1—croup, 1—scarlet fever, 1—teething, 1—drowned, 1—fits, 1—stillborn, 3.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

Boston, Nov. 20, 1839.

ep1meop6m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

FOR the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Vento-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased as gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, B. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from \$1 50 to \$4 00, according to size and finish. To physicians those of men's sizes will be sold at \$2, 2 25, 2 50, 2 75, and \$3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21—

M. R. FLETCHER.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

Oct 9—eop

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

THE AMERICAN MEDICAL ALMANAC FOR 1840,

is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, JANUARY 1, 1840.

No. 21.

IS THE PLAGUE CONTAGIOUS?

[WRITTEN IN MALTA, BY AN AMERICAN GENTLEMAN NOW RESIDING THERE, AND COMMUNICATED FOR THIS JOURNAL.]

"For if fear withheld them from going near one another, they died for want of help, so that many houses became quite desolate for want of needful assistance; and if they ventured, they were gone."
THUCYDIDES.

Is the plague contagious? To the people of the United States this is a question of great importance, and merits a general attention. After several years of residence in the East, after much personal observation of this disease, and some acquaintance with its history in ancient and modern times, we must confess that we are still undecided whether the plague is to be classed among contagious diseases or not. Many medical men of the highest rank have written on this subject, and have entertained totally different opinions, and supported their opinions with such equal plausibility, that the question, perhaps, was never more unsettled than it is at present. We have heard that a congress, to be composed of delegates from all the powers of Europe, is shortly to meet at Florence, for the purpose of investigating the nature of the plague, and to form quarantine laws, which shall not be so detrimental to European commerce as those now in force. Why should not America send a representative to this body, to advocate the interests of our countrymen? As the second commercial nation in the world, with our vessels in every port, and our trade yearly increasing, we should not be backward in seconding the views of the English and French, who, it would appear, are becoming more aware of the folly of long quarantines, and are desirous of having all taxes on their trade reduced, and all unnecessary interruptions removed. No estimate can be made of the amount of money which is yearly wasted by the detention of American vessels, in foreign ports, before they are permitted to discharge their cargoes. If this time can be saved, and all the dues which they are now compelled to pay, avoided, millions of dollars would be saved to our merchants. Should the United States not be represented at this congress? shall we enjoy the benefit of any changes which may now be made in the present imperfect system of quarantine regulations? We fear the jealousy of the other powers might prevent it, and it is our duty to guard against any such occurrence.

In the remarks which we shall now make on the plague, it will be our aim only to give the statements of those, who, from their practice, obser-

vation, or study, are entitled to be heard; and until the question shall be satisfactorily settled, whether this disease is contagious or not, we shall range ourselves on that side, where, if we should err, we should at least have the satisfaction of knowing that our error could produce no harm; and with the contagionists we should advocate every necessary precaution to be used in those places where the plague is wont to range, or where, by inattention at any time, there might be a shadow of a chance for its introduction.

Of all the diseases which flesh is heir to, the plague is the most disgusting in its character, and most fatal in its termination; it is a pestilence which stalketh at noon day, and cuts asunder all the ties of friendship and affection; it has destroyed millions, and made the streets of crowded cities but to serve as avenues to the grave. By its ravages fleets have been made but charnel houses, villages have been depopulated, and armies destroyed. It is a common enemy, a fell destroyer of the human race; against it we should make common cause, and see if its ravages can be stayed—its poisonous seed destroyed. By this disease how many thousands have been

“Cut off even in the blossom of their sins,
Unhouselled, unanointed, unannealed,
No reckoning made, but sent to their account,
With all their imperfections on their heads.”

Yet Christians are idle, while infidels perish. Where had this pestilence its origin? The first account we have seen of it, is by Thucydides, who states that four hundred and thirty years before the Christian era, it was introduced from Ethiopia, into Greece, and from its ravages caused a general mourning at Athens. Procopius also notices this pestilential disorder, which for a period of more than half a century continued to infect all the inhabited places of the known world, first making its appearance at Pelusium, an ancient city in the neighborhood of Damietta, and from thence sweeping along the coasts of Egypt, Syria and Asia. From the information afforded by the Greek historians (whose authority alone we can trust), we are persuaded that the plague had its origin in the countries bordering on Egypt, and that in all ages it has in those quarters had its strong hold and its most deadly character. But why should Egypt be so visited, and her inhabitants so grievously afflicted? In that barren land all maladies have found a nursery, and alike by the ravages of the “*pest*,” the cholera and smallpox, have its wandering tribes been smitten. Let the attention of Christians and philanthropists be directed to Egypt; let missionaries be sent, and instruction given to these roaming Arabs; teach them not, in their sufferings, to call on Mahommed, who can yield them no assistance, but to put their trust in God, who alone can be their protection.

Is the plague contagious? Among the distinguished modern writers who have believed it to be so, we would first mention the benevolent Howard, who states that all practitioners in matters of plague, who were living in his time, in the most explicit manner concurred in representing that it might be communicated by the touch “of infected persons or things.” He cites, as authorities, Fra Luigi di Paria, of the

plague hospital at Smyrna, where this disorder is always more or less prevalent, who gave it as his decided opinion that the *pest* was communicated by contact, according to all the observations he had been enabled to make for a period of more than eighteen years. Raimond, of Marseilles, was equally positive; he stated that incontestible experience daily proved that it only proceeds from contact. Demollins, of Marseilles, also remarked that in every instance the plague was brought to that city by merchandize, or by persons from beyond sea. Giovannelli, of Leghorn, coincided in this belief, and added that the air could not be the vehicle of the contagion. Dr. Tully is a decided believer in the contagious nature of this sickness, and in his work he says theorists have sometimes hazarded a different opinion from that which he entertains, yet experience has always proved its fallacy. "When the plague existed at Marseilles, in 1720, the French physicians entertained an opinion that it was not contagious, and acted accordingly. What was the result? Sixty thousand people perished in the short space of seven months. At Messina, also, in 1743, where the same opinion was entertained, forty-three thousand died in less than ninety days. Dr. Tully states that in 1593, when this disease carried off, in London, upwards of eleven thousand persons, it was satisfactorily ascertained to have been imported from Alkmaar. In the same city, in 1603, when thirty-six thousand people fell, it was introduced from Ostend. Again, in 1625, it was brought from Denmark, and more than thirty-five thousand of the inhabitants perished. In 1636, it cost thirteen thousand Londoners their lives, and was traced from Leyden. Lastly, it broke out in 1665, and committed much more extensive ravages than on any previous occasion; in a few months sixty-eight thousand of the citizens died, while in the country the numbers who died are unknown. After this grievous disease had terminated, and when but few had escaped, the physicians conceived it was contagious, and established laws of quarantine. From that day to the present the plague has never made its appearance in England—and never will, if proper precautions are used."

This view of Dr. Tully is certainly strong, and deserving of particular attention. One of the strongest arguments to prove that the plague is contagious, is deduced from its history at Malta. This barren rock, which is only fruitful in its population, has, five separate times since its settlement by the knights, been the unfortunate scene of its devastations. In the spring of 1592, some Tuscan galleys, which were cruising in the Levant, captured two Egyptian Merchantmen, and sent them to Malta, on learning that the pest was at Alexandria. Their cargoes of flax proved to be infected, and many of the islanders perished. In 1623 it made its appearance in the house of Paulus Emelius Ramadus, the guardian of the port; the disease soon spread, and its advance was only stopped by the decision of the Grand Master, who ordered those who were ill, and all their families, to be confined in the lazaretto. Forty-five persons, only, died. In 1655, a man who had some communication with a chief from the East, fell ill; as quickly as this was known, all intercourse was forbidden, and out of the house not a single "*accident*" occurred. It was kept within the walls where it originated. The fourth

appearance of the plague at Malta was in 1675, and a little child was its first victim. How it originated could never be discovered; it existed among the inhabitants for seven months, and was of a most fatal character. The Board of Health were unfortunately divided in their opinions as to the nature of the disease. Consequently no precautions were used, and thousands died before the rulers were aware of their danger. It was at this time that the foundation stone was laid for a quarantine establishment on Marsa Muscetto; the buildings have at different periods been enlarged, and at this day the lazaretto of Malta is one of the finest in Europe, as regards its situation and the size of its apartments. During the time this plague existed, out of sixty thousand, the number who dwelt on the island, one sixth part perished.

The fifth and last instance where the Maltese have suffered from this contagion, was in the spring of 1813. The island at that period being under British rule, and the disease being treated by English practitioners, we shall make brief reference to its history. On the 28th of March two brigs under the British, and one under the Spanish flag, arrived at Malta, all from Alexandria, and with foul bills of health. On board of two of the vessels, during the voyage, there had been sudden deaths, and on board the third, at the time of her arrival, two of the crew were dangerously ill. The authorities were satisfied that the plague existed, and placed the *St. Nicholas*, the only brig of the three which remained in port, under the strictest quarantine; the captain and crew were, on the 29th, removed to the lazaretto. On the 1st of April the commander was taken ill, and the following day the sailor who attended him. On the 7th both died. This proximity of the plague alarmed the Maltese, and meetings were held to devise measures by which its introduction among the inhabitants might be prevented. The government decided, in their wisdom, to quiet the public mind by sending the *St. Nicholas* back to the port from whence she came, and on the 10th of April, under the escort of "*His Majesty's brig Badger*," she sailed for Alexandria. This was probably the most unfortunate conclusion to which they could have come, for the moment the vessel left the harbor all precautions ceased, and four thousand six hundred and sixty-eight wretched beings, who were living in fancied security, within a few months died of this loathsome disease. On the 16th of April, or within a week after the departure of the *St. Nicholas*, a young woman, the daughter of a shoemaker, living in Valletta, was taken ill, and although the symptoms were violent, and she died within three days, yet neither her physician, nor the priests who had the body taken into the church, nor her friends, surmised, for a moment, that the complaint of which she had died was the plague. She had scarcely been buried, ere the mother was seized "with a high degree of fever, accompanied with a violent headache, giddiness, and sickness at the stomach." The woman complaining of a severe pain in both groins, the attending physician became alarmed, held a consultation, and reported to the government that it was a case of a very suspicious nature, or, in other words, they feared it was the *pest*. On the 3d of May the symptoms became still more alarming; "and on the 4th, the committee of health reported that

the public health was in imminent danger," and that the shoemaker's wife was dead. On the 5th the husband fell ill, and a general alarm pervaded the minds of all the inhabitants; many hurried into the country, while the seamen fled to their ships. The governor closed the courts, the opera house, and all places of public resort, by a proclamation, and declared that all the officers should only confine themselves to those duties which should be absolutely necessary for the furtherance of the public service.

For ten or twelve days no new case occurred, and the Maltese began to lay aside their fears, and return to Valletta. The government, to put the inhabitants on their guard, published a brief account of the plague at Messina in 1743, to show that the disease might make but little headway for thirty or forty days, might lull the people into a false security, and then break out in all its deadly virulence. These surmises were but too fatally proved; this disease, which for a month was hardly known to be in the city, confined, as it was, to one poor, unfortunate family, showed itself on the 16th of May in all the principal streets of Valletta, and before its ravages were stayed one twentieth part of the whole population perished. The contagion ceased, only, when every family could grieve for a member dead. As the French army, when after a severe engagement they routed their enemies, and were in full pursuit after those who were attempting to escape, cried to their officers for more powder, and more Prussians, so the plague at Malta was extinct for want of victims. Those whom the disease spared, were only left to mourn.

The contagionists believe that the *pest* was introduced into the island by a man of the name of Borg, who received, from some of the health guardians, infected goods, and smuggled them on shore. Others are of a very different belief, and say that the plague could not have been introduced in this way; to prove this assertion, they remark that of all the crew, who were sent to navigate the St. Nicholas to Alexandria, not one was attacked, and the persons who were employed to unload her, also escaped without the least appearance of any illness. Of the truth of this statement there is not the least doubt, and the non-contagionists bring it forward as a strong argument in their favor, and consider it unanswerable. Sir Thomas Maitland arrived at Malta, as governor, on the 5th of October, 1813, and learning that the inhabitants of Casal Curmi would use no precautions against the disease, which was raging among them with all its virulence, sent a body of soldiers to surround the village, and with strict orders not to permit any person to advance five yards beyond its walls. Casal Curmi, as far as related to plague, was put out of the king's peace, and declared under martial law. "So effectually were these laws enforced, that all danger was speedily at an end, retreat was impossible, and the disease, which was treated with a rigid and watchful eye," soon yielded to the measures which were adopted for its destruction.

Again, the author who has written to support his opinion that the plague at this island was contagious, declares that the inhabitants of the three cities of Vittoriosa, Senglea and Cospicua, escaped only by their

strict quarantine ; and so determined were they to cut off all communication, that even the officers of government were forbidden to mingle among them, when they came from infected places. On the 7th of January, 1814, the whole of Malta was declared free of contagion, save the Casal above named, and Fort Manual, where the diseased were confined. On the 27th, a free pratique was given to the Maltese, no doubt remaining on the governor's mind "of the perfect and permanent suppression of the plague." On the 7th of March Casal Curmi was stated to be free of the *pest*, and the inhabitants were permitted to enter and greet those of their relations or friends who had been spared from the pestilence. Of those who were sought, but few were found, as most of the villagers were tenants of the grave, and many families were totally extinct.

During the whole period that Malta was afflicted, the inhabitants of Goso, a small island situated some twelve or fifteen miles to the north west, wholly escaped, and it was not until the Maltese were declared wholly recovered from the plague, that it showed itself among the Gosotans. This would serve to prove that the malady was contagious, as so long as the quarantines between the two islands were enforced, Goso escaped ; but on the day that these were removed, *accidents* occurred among the Gosotans, who mingled with the Maltese. The man who was supposed to have introduced the disease, fell himself a victim. He was presumed to have introduced it by smuggling infected goods which, while confined at Casal Curmi, he had buried. Being permitted to return to his house at Goso, and a native of that island, he carried his death warrant with him. By the determined regulations of the governor, Sir Thomas Maitland, who forbid any intercourse between the two islands, and who sent a strong military force to surround the village where this death had occurred, that no one might escape from its bounds, the pestilence was confined, when it first appeared, and but ninety-six perished, all of whom were residents of Casal Caccia. Among the deceased, and much lamented, was Dr. McAdam, who was the physician to the forces. He conceived that the disease was not contagious, and while administering to others, took the complaint and died.

(To be continued.)

TEMPERANCE AND EXCESS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent, in his second article (Vol. XIX., No. 14), has the following remarks: "There is *probably* no country of equal extent, in the world, where the average of human life is so great as in New England. *Probably* the deaths in our country villages do not, on an average, amount to more than one in seventy annually. * * * *Probably* one in six of those born in New England live to the age of seventy, and perhaps one in ten to that of eighty years. True," he immediately adds, "there may be among us fewer instances of extreme longevity, or of those who survive and pass their hundredth year, than in some other countries ; but this is not inconsistent with the facts I have

stated." Unquestionably not, *if facts indeed they were*, but there is the difficulty. *They are not facts*. The writer himself, though he calls them facts, has given us no evidence that they are so—indeed he prefaces every one of them with a "probably," as will be seen by a recurrence to the quotation, where I have marked those *doubtfuls* by italicizing them.

Now I was brought up, Mr. Editor, and continued to reside, till nearly thirty years of age, in a town adjoining to that in which your correspondent, to whom I refer, now resides, and therefore my observations have been made on the very same region of New England, and almost the selfsame people. Yet I have come to very different conclusions. I will not undertake to say that whenever and wherever we differ, my friend is always wrong; but I will affirm, that leaving my own superior age and phrenological structure out of view, I have had at least as *good* an opportunity of coming at the truth as he has.

From my earliest youth I was accustomed to observe the very facts on which we both rest, and to keep a record of births, deaths, &c. And I remember, in particular, some of my early conclusions, one of which was that Morse, in his Universal Geography, must be incorrect when he says of the inhabitants of New England, "it is estimated that about one in seven of the inhabitants lives to the age of 70 years, and about one in thirteen or fourteen lives to the age of 80 and upwards." But I did not observe, at that time, that the venerable geographer pre-faced his statement, not exactly, like your correspondent, with a *probably*, above all with *three* probables, but with "it is estimated," which, however, amounts to nearly the same thing. I had not learned, then, to what an extent even our great men are mere retailers of hearsay, or at most compilers of facts which others have collected, including, of course, many things which go by the name of facts, but which in truth are not so.

To be brief. From a long course of observation and examination, I was led to the conclusion that not more than one person in ten lives to seventy years of age, and not more than one in sixteen or eighteen, to eighty. Yet your correspondent, not satisfied with his first conclusion, that "probably" one in six reaches seventy, and one in ten, eighty, tells us in a subsequent number he has consulted Bancroft's History of the United States, and finds that "more than one in five, full four in nineteen, attain the age of seventy;" and that "a friend of his, curious in such matters (observe the authority, reader), has made inquiry, and has found that of all those born in this neighborhood (the writer's), full one in four lives to the age of seventy." It is not for me to quarrel with Mr. Bancroft's statement, or with Dr. Morse's *hearsay*, or your correspondent's *friend*; but truth compels me to say that within my own range of *observation*, the *facts* are otherwise. And if it should be conjectured that those observations were made on an unhealthy section of country, I believe that even your correspondent would be willing to testify to the contrary; and that no part of New England is more distinguished for its healthiness.

Thus much for the data with which your correspondent sets out, and

on which he grounds his sweeping conclusions, that there is probably (?) no country of equal extent in the world where the average of human life is as great as in New England ;” and that “not only are the New Englanders long lived, but they are, as a body, healthy, hardy, stout, muscular, fully developed in body, and well formed,” “especially the agricultural portion of them ;” in which particulars, he adds, “there is no people that excels them.” Thus much, too, for the confidence which he now begins to assume, having so many *probabilities* to stand upon, and with which he propounds the following question : “How does it happen that the very people who eat a greater proportion of flesh than any other, and whose habits are consequently worse than any other, have, at the same time, better health, longer life, more robust bodies, and a little shrewder minds, than any other ?”

Now it would be better, far better, for the side of your correspondent, if the assumptions contained in the question, propounded, as it is, in a tone of evident triumph, were more fully sustained by facts, or even by sound argument. Were it so, it would become my duty either to be silent and acknowledge it to be unanswerable, or to meet it with fact and argument having a different bearing. As it is, I hardly need to confront it by anything but assertion ; all else would be gratuitous. Nevertheless, for form’s sake, at least, I will bring together a few authorities, as well as present the example of one nation—a nation, too, which we are wont to despise—as by no means second to the New Englanders.

The facts I would present relate solely to the duration of life in different countries. The average annual mortality in the United States is usually placed at 1 in 40. New England may vary a little from this, though it is presumed not much. We will suppose it, however, to be 1 in 41. But the mortality of England and Wales is only 1 in 58 ; the Pays du Vaud, 1 in 49 ; Sweden, 1 in 48 ; Holland, 1 in 48 ; and Russia, 1 in 41. I suppose it will not be said that these countries are smaller than New England ; but if not, what is the inference ? I know we are all apt to be partial to our own country and climate ; but it ill becomes us to suffer these partialities to bias our public statements.

“Hundreds of thousands—we might say millions—of the Irish do not see flesh meat, or fish, from one week’s end to the other. Potatoes and oatmeal are their articles of food ; if milk can be added, it is thought a luxury : yet where shall we find a more healthy and robust population, or one more enduring of bodily fatigue, and exhibiting more mental vivacity ?”*

How does this testimony—for testimony it certainly is—accord with the views of your flesh-eating correspondent. Will he any longer say that the New Englanders have better bodies and minds than any other people, when the despised, potato-eating Irish are at least their equals, if not their superiors ? And what will he say to the statistics of the mean annual mortality of different countries ?

Your correspondent admits that the “New Englanders are what may be called the freest and best livers on the globe, and even makes his boast of it. Yet he denies that eating too much, especially among our

* Journal of Health, edited by Drs. Bell and Condie, Vol. I., page 7.

agricultural people, is one of our great national evils. Yet herein his views certainly conflict with those of our wisest and best philosophers and medical men, from Franklin and Rush down to Caldwell and Combe, and Warren and Mussey. The concurrent testimony of all—I believe I may say, without a solitary exception, your incognito correspondent alone excepted—is that, as a people, we eat and drink a great deal too much; and it is the decided opinion of nearly all, that we eat at least twice as much as our best physical, intellectual and moral interests require. How, then, is it that we are told that excessive eating is not “a great national evil”?

Here permit me to say that I was brought up in the midst of the robust agricultural population alluded to, and had an opportunity of witnessing its customs and modes of life. It was my lot, moreover, to be a medical practitioner for several years among this very population. I am not fond of making my own experience the measure of everything, your correspondent to the contrary notwithstanding; but I *have* a right—and am disposed to use it—to set personal observation and experience against personal observation and experience. Now I have found this very people as much addicted to the “sin” of excessive alimentation as any other people I have ever known. I will not say *more* so, though I am not sure but I might, with truth, go even thus far. But I will say—and I must do it, if I speak the whole truth—that I do not recollect half a dozen farmers above thirty-five years of age, and not one above forty-five, in perfect health, their *good habits* to the contrary notwithstanding.

There is a fallacy often connected with our observations on this subject. Man, everywhere, is a bundle of habits; some good, some bad. This is as true of physical habits as of moral ones, and as true in New England as elsewhere. Though the inhabitants so generally indulge their appetites to excess, yet have they many good habits to counterbalance this single bad habit, or rather this single set of bad habits. Thus we find that, as a general fact, they breathe the pure air, are industrious and cheerful, and retire early and rise early. In addition to the fact that they are generally cheerful, it may also be observed that they are usually free from those causes of trouble and anxiety which “wear and tear” the mind and greatly favor premature disease and decrepitude. Besides all this, they are descended from a healthy stock. Their ancestors, two or three generations back, did not run into excess, as do their descendants; and the abuses to which I allude do not, in the course of Divine Providence, destroy a people at once. That they are at present, however, rapidly degenerating, from some cause or causes, will not, it is believed, be denied, even by your correspondent himself; and I have not a doubt, in my own mind, that excessive alimentation is one of the most fruitful causes of this degeneracy.

I have said that in the progress of my observation and experience, as a medical man, in one of the healthiest sections of country in New England, I did not find half a dozen farmers over 35, and not one over 45, who were healthy. Their full habits of eating, joined sometimes to their cider and cider-brandy drinking, and sometimes without either,

usually bring on rheumatism, gout, chronic diarrhœa, dyspepsia or liver complaint. The first and the last of these diseases are most common; and all, except the gout, are, to a very great extent, caused by eating too much.

Perhaps I should have added that, for various reasons, females do not so often eat to excess as males. Nevertheless, I believe the majority even of that sex go farther in this respect than the best interests of our complex nature require.

Yours, &c.

Dedham, Dec., 1839.

WM. A. ALCOTT.

ON THE CONTAGION OF SMALLPOX DURING THE YEAR 1836, IN
THE CIRCLE OF HIRSCHBERG, IN GERMANY. BY DR. SCHAEFFER.

[Translated for the Boston Medical and Surgical Journal.]

THE conclusions to be deduced from this little memoir, are as follows :

1st. Vaccination, as a preservative against the smallpox, appears to be in an exact proportion with the number of vaccine cicatrices; thus, out of 43 vaccinated individuals who have afterwards contracted the varioloid, only 130 cicatrices have been found; while in 38 *vaccinated individuals*, who have not contracted the disease, though in a high degree exposed to it, 211 have been counted.

2d. Vaccina is very far from having the same preservative virtues in different individuals. In some a single cicatrice has sufficed to guarantee them against the smallpox; while others, on the contrary, showing as many as six, have been attacked with the most strongly-characterized smallpox.

3d. It is very difficult, almost impossible, to give any characteristic indications of the true cicatrices. Out of 43 vaccinated patients who have had the smallpox, 14 have shown the proper cicatrice marks; in 25 they were more or less regular; in 4 they could no longer be discovered; on the contrary, in 38 *vaccinated persons* who did not take the disease, 34 had the regular cicatrices, 3 had them more or less characterized, and in 1 they no longer existed.

4th. The greatest number of vaccinated persons who have taken the varioloid, has been between the ages of 10 and 30 years. The severity of the malady was in exact proportion with the time elapsed since vaccination. It is nevertheless to be remarked that the age between 10 and 30 is most *disposed* to the contagion, and that in general the disease is severest in persons most advanced. In one case the varioloid declared itself in an adult person immediately after a *thorough* vaccination; in another it showed itself lightly on the 8th day after vaccination, which was not *retarded* in its progress. Again, other vaccinated individuals, from 25 to 32, have not been infected.

5th. A great number of persons have been submitted to re-vaccination, of which not one has afterwards contracted the smallpox, neither have any of those on whom re-vaccination was performed without success, afterwards been affected by the disease, although in immediate contact with it. A certain proof that when re-vaccination does not take, the liability to the contagion has become extinct.

FORMATION OF AN ARTIFICIAL ANUS.

A CASE has been lately reported in which M. Amussat, of Paris, succeeded in establishing an artificial anus in the lumbar region of a lady affected with obstinate constipation. The same enterprising surgeon has more recently performed the same operation with nearly equal success, as the following account, from the French Medical Gazette and Lancet, will show.

M. T., 62 years of age, was affected with piles and constipation for several years. On examination of the rectum, it was discovered that a carcinomatous ulceration occupied the gut, about two and a half inches above the sphincter, nearly obliterating the cavity, and extending upwards for an inch and three quarters. This state of the intestine was recognized by several medical men in consultation, and the means of alleviation were discussed. Dilatation and the ligature were rejected. Excision of the carcinomatous ring was also rejected, as any hemorrhage might prove fatal to the patient, who was already reduced to the lowest state. After much deliberation, it was proposed to break up (*broyer*) the tumor, and this operation was performed by M. Amussat, on the 30th of May last, with a long pair of forceps, by which the most prominent granulations were crushed and removed. But little blood was lost, and the patient experienced hardly any pain. A current of cold water was now thrown into the rectum, to prevent, if possible, the development of inflammation; and, after a lapse of eight days, it was decided to cauterize the parts. Accordingly M. Amussat applied the caustic potass at seven different times, by means of the speculum, an interval of three or four days being allowed to intervene between each application. No signs of inflammation about the bladder or peritoneum were thus produced, and the cancerous tumor was reduced to nearly one half of its original volume. The patient's state, however, became gradually worse. An evacuation of the bowels took place only once every ten or twelve days, and was attended, each time, with a prostration of strength, often terminating in fainting fits. The skin covering the sacrum was on the point of ulcerating.

Under these discouraging circumstances, another consultation was held on the 13th of July, when it was unanimously determined to give the patient the chance of an operation for artificial anus. M. Amussat made an incision four inches and a half in length, along the middle of the space comprised between the last false rib and the crista ilei, beginning at a distance of about four inches from the spinous processes of the vertebræ. The rest of the operation was completed in the manner we have before described. At the anterior angle of the wound a membranous projection presented itself, and beneath this seemed to lie the small intestines.

The sigmoid flexure of the colon was firmly contracted, and nearly covered by the quadratus lumborum muscle, the fibres of which were divided transversely. The intestine was now seized, with the necessary precautions, and the posterior half of the circumference divided. Some gas and scybæ escaped. The colon was then drawn to the anterior

edge of the wound, and fixed there by four points of suture. Three other stitches were applied to the edges of the wound, care being taken to leave the portion which corresponded with the gut perfectly free. The operation was not productive of any general accidents, but the opening did not give passport to the fecal matter, until the 18th of July, when an abundant evacuation took place through it. The opening was now gradually dilated by means of prepared sponge and bougies.

Since then the passage of feces through the artificial anus has been considerably facilitated. The patient's general health has also so much improved, that he was able to return to the country; the hectic fever had disappeared, and a regular evacuation took place daily. On the 18th of August he was examined by M. Amussat and several other surgeons, who found that the disease of the rectum had not made any progress since the operation; and on the 22d of September, M. Amussat had a letter from the patient, announcing that he was able to walk about every day for an hour and a half, without any inconvenience.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 1, 1840.

ELEMENTS OF PATHOLOGICAL ANATOMY.

Nor many weeks ago, a notice was given of the appearance of this finished and truly splendid production from the pen of Dr. Gross, of Cincinnati. In calling the attention of our many readers to a second examination of the claims which a native work has upon them, for patronage, we have no other interest to serve than that of the whole profession, who cannot be indifferent to the progress of any measures which place in their hands, and at their disposal, new powers, new agents, and unlooked-for prospects of success in the practice of physic. He must be a perverse navigator, who sails amongst shoals, quicksands and breakers, regardless of the dangers which threaten him at every point of the compass, when charts might be had by asking for them, and pilots are proffering their services within hailing distance. We apprehend that our professional friends do not sufficiently appreciate the invaluable services of our own native authors. They write under the advantages of a thorough acquaintance with the variable character of our climate, the influence of our laws and institutions on the minds and temperaments of the people; and, in connection with all this, they bring all that they have acquired of a foreign origin, to bear with greater force, in illustrating physical derangement, and the causes of those maladies which lie concealed in deep-seated organs, beyond the ken of vision or the reach of such instruments as art has placed at their command.

This great undertaking by Prof. Gross, of elaborating two volumes, in which the whole field of pathological anatomy has been surveyed under the skilful eye of a master, cannot be passed by with indifference, or the work take its rest upon the shelf before its pages have been most carefully and minutely studied. It is not, indeed, of a character to be easily forgotten—but through the hurly-burly of every-day life, which

characterizes the physician's course in this new country, where everything, even to the mountains, must move, or be trodden down by the multitude that is rushing onward, there is danger of having it too long overlooked.

With the addition of the second volume, which has been a little delayed, we are put in possession of not only a valuable treatise, but a beautifully executed specimen of copper-plate printing, xylography and typography. Dr. Gross commences the first volume with a dissertation on the general principles of pathological anatomy, embraced under the natural divisions of inflammation, effusion of serum, lymphization, suppuration, hemorrhage, softening, gangrene, ulceration, granulation, cicatrization, induration, hypertrophy, atrophy, transformations, hydatids, serous cysts and heterologous formations. These topics occupy one volume of 518 large octavo pages, subdivided into seventeen chapters. There is a large amount of matter brought to a focus on every leaf, and where marginal diagrams are interspersed, we feel that Dr. Gross has neglected no attractive method by which the text may be clearly and comprehensively understood in its details.

Volume second, in which the learned author has exerted the strength of a vigorous intellect, is devoted to *special pathological anatomy*. There are fourteen chapters in this division of the subject. The first embraces the consideration of the thymus gland, &c. Then, in orderly succession, are presented the thyroid gland; the respiratory apparatus, the heart and its membranes; the nasal, maxillary and frontal sinuses; the mouth, pharynx and œsophagus; the peritoneum; the biliary apparatus; the spleen; the pancreas; the urinary apparatus; and, lastly, two elaborate chapters on the organs of reproduction.

Thus, imperfectly, we have attempted to show the method by which Dr. Gross approached the field in which he has toiled with such distinguished success. In ostensibly constructing a guide book for those less conversant than himself with the intricacies of the labyrinth through which he has been travelling, he has raised a monument to his own fame that will transmit his name to posterity, as a bright example of the triumphs of industry; while it will prove that the far West, in the infancy of our country, is a genial region for intellectual attainments, and for the diffusion of useful knowledge.

Smallpox and Vaccination.—Timothy L. Jennison, M.D., of Cambridge, Mass., writes: "Dec. 17, 1839—About 500 cases of smallpox were under my care in 1792. My views of it were much enlightened by vaccination. The manner in which vaccination was introduced and persisted in led me to uncertainty as to its perpetuity. It is well known that great numbers of all ages, stingy people as well as poor, were 'vaccinated' by nurses and other people who would not be considered competent. I believe many of Dr. Waterhouse's patients were by him 're-vaccinated,' the following year, he doubting if they were effectually protected. It grieves me that 're-vaccination' should be encouraged, or vaccination of healthy, middle-aged people, who had been inoculated with kind, effectual smallpox, in 1792. If vaccination is advised as preventive after such time, inoculated smallpox will be considered ineffectual against natural.—A lady who had inoculated smallpox under my care in 1792, solicited Dr. Waterhouse to vaccinate her. Hastily he complied. In the usual time its effects were evident; some symptoms were more serious than he predicted. Incredulous as to her having had smallpox, he asked me. I was told her arm

was particularly troublesome before she gained a sound skin.—Harlow, a lad, in 1776 had smallpox kindly for that period, in Boston, by inoculation of his leg; recent inoculation of his arm presented more complaints than the first: pustules appeared around the incision."

Medical Almanac.—Many correspondents seem not to understand that the American Medical Almanac is a *periodical*, and, consequently, that the rate of postage is a mere trifle. The volume for 1840 bears the following title, viz.: "The American Medical Almanac for 1840, designed for the daily use of practising physicians, surgeons, students and apothecaries. Being also a pocket memorandum and account book, and general medical directory of the United States and the British Provinces." It is very compactly printed on a beautiful, clear type, and contains, the present year, 152 pages. The amount of matter fully equals any of the London medical almanacs, and many of the articles were expressly prepared for the work by the most eminent medical gentlemen in this country. The readiest method of obtaining a copy is to order it at once by mail, either from the publishers, Marsh, Capen, Lyon & Webb, or of the publisher of this Journal. The medical statistics of Maryland, Pennsylvania, Ohio, Virginia and New York, are brought into a small compass, and yet are sufficiently copious.

Apparatus for Vapor Baths.—The following is a description of a cheap and commodious apparatus for vapor baths, which was lately presented by M. Duval to the Royal Academy of Medicine:—

M. Duval's apparatus consists—

1. Of a spirit lamp, with four wick burners, which contains a decilitre of alcohol at 36 degrees. The centre of the lamp is pierced by a small opening to permit of the escape of the alcoholic vapor.

2. Of a three-footed stand, composed of iron wire, and intended to support the reservoir of water. This latter contains four decilitres of water, and is closely covered in; to the cover, however, is fitted a tube through which the vapor may be conveyed to different parts of the body, and which is furnished with a cock for the purpose of stopping the vapor when necessary. When a general bath is administered the body may be enveloped in a blanket supported on hoops, and the blanket covered with oil-cloth.

The quantity of spirit contained in the lamp is sufficient to keep up combustion during 50 or 60 minutes, at a cost of about *two pence*. The cost of the whole apparatus is not more than two pounds five shillings, while those commonly in use cost not less than from twelve to twenty pounds.—*Bul. de l'Acad. de Med.*

Ventro-vaginal Fistula.—There has been a case of this disease in the hospital, under Mr. Stanley. The disease commenced many years ago. It appears the woman's first labor was very lingering, and sloughing of the vagina followed. A small portion of intestine then descended into the vagina, but not to such an extent as to prevent conception, for she afterwards bore six children. A pessary was then employed, which she wore till it produced retention of the urine, for the relief of which she was admitted into the London Hospital. Some operation was performed to extract the pessary, by which the aperture in the vagina was increased;

and, since then, whenever she stands up, large portions of intestine pass through the os externum. If no bandage be applied, they are of the size of a large child's head. Mr. Stanley wished to pare the edges of the fistula, and thus endeavor to promote either adhesion, or great contraction of the opening. She refused, however, to submit to the operation, and was accordingly discharged.

This case is interesting from its rarity, and the extent of the fistula. It must be exceedingly uncommon, as Madame Boivin, in her work on the diseases of the uterus, does not refer to it.—*London Lancet*.

Medical Miscellany.—Up to Monday evening, Dec. 30th, there had been *thirty-eight* deaths by smallpox in Boston, in December. The disease is evidently abating.—Dr. Cragham has become the owner of the celebrated mammoth cave in Kentucky. It will be recollected that its extent is unknown.—Very frightful and exaggerated accounts of the fatality of smallpox in Boston, have been propagated in the country.—Mr. L. N. Fowler has published a phrenological almanac, of 48 octavo pages, embellished with engravings.—Professor Espy is about publishing his theory of storms, or, in other words, a system of meteorological philosophy.—As long ago as January 27th, 1801, it was published in the American Mercury, at Hartford, Conn., that from a record kept at New Milford, for 10 years before, it had been ascertained that the average number of those who had died in the town, annually, was 34 out of a population of 3600. By reckoning for the same period, it appeared that of those born there, or who emigrated to the town, $\frac{1}{4}$ died under 6 years of age; $\frac{1}{2}$ under 35; 1 out of 6 lived to 70; 1 out of 12 lived to 80; 1 out of 40 lived to 90; 1 out of 1000 lived to the patriarchal age of 100 years.—Dr. Morton's great national work, *Crania Americana*, has been entirely finished, and will soon be distributed to subscribers in the United States. One hundred copies were sent to London.—Sketches of prominent Surgeons of London and Paris, is the title of a lecture given by Dr. Gibson, of Philadelphia, introductory to the present course in the University of Pennsylvania, and published in the Medical Examiner.—A man died on the 19th at Quebec, of hydrophobia, six weeks after being bitten, and only 36 hours after the symptoms were developed.—The anniversary of the birth of Dr. Spurzheim was celebrated in this city, last evening. A discourse was pronounced by Mr. Geo. Combe, the phrenologist.—Mr. Wakley, editor of the London Lancet, who was chosen coroner not long since, has already found himself in difficulty. He has been complained of for holding unnecessary inquests, but he defends himself manfully in the pages of his own periodical.

MARRIED.—In Canton, Ms. Dr. Ezra Abbott to Miss Harriet M. Lincoln.—At Chicago, Ill., John Brickenhoff, M.D., formerly of New York, to Miss Septima S. Penton.—In Philadelphia, Wm. B. Page, M.D., of Virginia, to Miss Celestine Davis.

DIED.—In Chatham, Conn., Isaac Smith, M.D., 67.

Whole number of deaths in Boston for the week ending Dec. 28, 27. Males, 25—females, 12.

Of consumption, 5—sifts, 1—smallpox, 10—infantile, 3—old age, 1—casualty, 1—lung fever, 2—croup, 2—typhous fever, 1—paralysis, 1—apoplexy, 1—canker rash, 1—drowned, 1—debility, 1—disease of the heart, 1—child-bed, 1—inflammation of the lungs, 1—stillborn, 3.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1846, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.

Theory and Practice of Physic, by JOHN DELAMATER, M.D.

Obstetrics, by ERENEZER WELLS, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me. Nov., 1839.

P. CLEVELAND, Secretary.

N 27—eop6t

SCHOOL FOR MEDICAL INSTRUCTION.

The subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
JOHN B. S. JACKSON,
ROBERT W. HOOPER,
J. MASON WARREN.

Oct. 9—1fr

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the attendants at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 31—eptf

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

Oct 9—eop

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents.

Dec. 11.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

TREATMENT OF HERNIA.—E. W. LEACH, M.D. Office No. 134 Hanover street, Boston.

Reference.—John C. Warren, M.D.; George C. Shattuck, M.D.; John Ware, M.D.; John Jeffries, M.D.; Edward Reynolds, M.D., Boston. W. J. Walker, M.D., Charlestown.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, JANUARY 8, 1840.

No. 22.

IS THE PLAGUE CONTAGIOUS?

[Continued from page 334.]

WE have finished with the historical account of the plague as it occurred at Malta and Goso, and shall now consider this disease as it has shown itself in various other places, and at different periods. We have had reference to various publications, and have taken such extracts from each, as might serve to show whether this pestilence could be deemed contagious.

Monsieur Samoilowitz, a Russian, who wrote on this complaint in 1783, states that the infection cannot be communicated by the air, but by contact alone. Sonnini, an Italian author of some note, says, that to establish the fact that the plague can be communicated by contact alone, he would cite an instance which came within his knowledge, of a garment having been so completely impregnated with pestilential matter, as to transmit the plague to those who touched it, while the person who carried it altogether escaped. This writer also mentions that the shocking mortality which was caused by this disease at Constantinople, in 1778, when two thousand died in a day, was wholly attributable to the neglect and indifference of the Turks, who did not employ any means for their preservation. Sonnini believed that no remedy had been discovered, and that it was both difficult and dangerous to make any suggestions for a disease which spreads itself with such certain and dreadful rapidity. He cites an instance of a Russian surgeon, who, when confined as a prisoner at Constantinople, with many of his countrymen, recommended inoculation, and in this way killed upwards of two hundred persons. He lastly inoculated himself and died, which this writer thinks a fortunate circumstance, as had he lived, not one would have been spared; as it was, a few at least escaped.

How different is this from the statement of that distinguished French physician, Clot Bey, who is now at the head of the Medical Board of Egypt. He declares that all quarantines for this complaint are humbugs; that he has twice inoculated himself with matter from diseased patients, and that his home has been for years in plague hospitals. We shall await the publication of his work with much anxiety; from his rank, practice, talent and influence, his statements will be deserving of the utmost attention. We might say the same of Dr. Bowring, who has published a pamphlet on this subject, and is of the same opinion as Clot Bey, that the plague is not contagious, and that the quarantines, as

now conducted, are wholly useless. Dr. Bowring is at present employed by the British government to make himself acquainted with the nature of this malady, and is to be sent to the Congress to which we have previously alluded. Dr. Tainsh, who was the surgeon on board the English line of battle ship "Theseus," at the siege of St. Jean D'Acre, had several cases on board under his treatment, and did not lose a single patient. It was his opinion that this disease was not so contagious as generally thought, and that the reason it so much prevailed in the Levant was because the Mahomedans were so careless, indifferent and indolent, when the complaint existed among them. Sir James Porter, in his work on Turkey, has made a singular assertion; he says "that there is not on record, nor has a single living witness related, an instance of an English factor or servant dying of the plague at any of the sea ports, towns, or in any other part of Syria, or Asia Minor, and but one only in Constantinople, in almost a century; and that from the first origin of the charter not one English seaman had ever died with the plague." George Baldwin, Esq., who was for several years the English Consul in Egypt, and who is supposed to have been the first who ever recommended the use of oil, where persons were afflicted with this disease, has stated that out of one million of the inhabitants who perished by this malady in four years, he could not discover a single oilman, or dealer in oil.

Dr. McLean, of Calcutta, published in 1801 a work on the plague, to prove that it was not contagious; his arguments were thought to be of too trifling a nature to require an answer, and those who noticed the book at all, did it only to vent their spleen, and call its author a madman. We will take a quotation from the doctor's work, as his opinions are becoming daily more popular, and have already found several able advocates. Dr. McLean argues that contagion cannot exist, from the fact that if it did, consequences would result which never do take place; that is, that all who were exposed would become infected. And more particularly would this argument be true of the Turks, who use no exertions to prevent contagion, and where, as a natural consequence, the malady would never cease, until the whole population was destroyed. Our author observes that it appeared to him "that this contagion, or principle of plague, is diffusible in the atmosphere, to a distance greater or less from an infected body, according to the climate and season of the year, and possibly to other peculiar states of the atmosphere, with which we are unacquainted; that in the spring or summer, a single infected person will be found sufficient to contaminate the air of a whole city, and that it will increase in strength and influence until it becomes so powerful that nothing but the winter season will put a stop to it."

This statement does not accord with that of Dr. Deidier, who asks, if this disease is in the air, how it happened that the inmates of a convent which was situated between the pest hospital, on one side, and the grave yard where those who died with the plague were buried, on the other, could possibly escape. Yet this did occur at Marseilles, and not a single inmate was seized with the disease during the whole period it remained in the city. Muratoris has published that when the plague

was last in England, while it raged in the town of Cambridge, the collegians altogether avoided it by having no communication with the town's people. Gastoldi has stated that when this malady was in Rome in 1656-7, the inmates of the monasteries and nunneries escaped, who kept themselves confined. Bertholet could not discover any change in the atmosphere, during the existence of the plague. Diermerbroeck, an author of high repute, was of the same opinion, as was Dr. Tully, from whose work we have taken these references. Raymond "supposed that the infected might be conversed with, without danger, at a few paces distance." They stated that the infection extended only a few paces, and that the miasms, at a distance of twelve yards, were so corrected by the air as to lose all their activity. A Jew, a physician of some note, was of opinion that the air about poor patients was more infectious than that about the rich. This reminds us of the statement of Lord Clarendon, who at the time the plague was in England, was filling a diplomatic situation abroad. On his return to London, finding all his friends and relations well around him, he remarked that the disease must have been of a vulgar nature, as none but the poor had perished. Whether the climate has any influence on the disease is, like everything else connected with it, a matter of uncertainty.

We think it unnecessary to give any more authorities, as no two travellers or physicians who have written on the subject, appear to agree in their statements. Some are of opinion that it is in spring that the plague is most deadly; others, again, that it is summer; a few have declared in the fall; and one mentions an instance, where, in the dead of winter, with four feet of snow on the ground, it swept off half the inhabitants of a populous town. Traditions on this subject are worthy of some attention, more particularly when they have passed down several centuries, and are firmly believed by the natives of plague countries; but while speaking of this disease, we would not recommend too much credence to be given to traditions, as at the best they are but doubtful authorities, and by trusting them too much, the public health might suffer. When we resided at Smyrna, the *pest* made its appearance several times among the people, and in every instance where it was traced from Constantinople, little or no attention was paid to it, as it generally terminated with those who brought it; but when the inhabitants were told it came from Syria or Egypt, they became much alarmed—the doors were closed, the houses cleansed, the food passed through water, all papers smoked, and all intercourse avoided. From this, it would appear that the Smyrnaotes, among whom this disease occurs so frequently, that hardly a year transpires without some "*accidents*," entertain an idea that when the *pest* comes from the north, it is not contagious; when from the south, it is. They also believe that when the contagion makes its appearance in spring, it will be destroyed by the heats of summer; when it commences in the fall, they anxiously look for the earliest frosts to put an end to its ravages. In all the instances which have come to our knowledge personally, these statements have proved correct. Well do we remember having once been confined for five and thirty days at our lodgings in Smyrna, and when this period

was past, which was to us full of apprehension and suffering, fearing that by the negligence of our servants, by contact with a cat, or by our own inattention, the plague might be introduced in our dwelling, with what pleasure we hailed the approach of the festa of St. John, on the twenty-fourth of June. On the morning of that day all the windows were thrown up, all the houses opened for the reception of visitors, and all the Frank residents of the city were dressed in their best, and hastening to the Catholic churches to return thanks for their preservation. Seeing our neighbors lay aside all fear, we did the same, and when in the street we followed the crowd till it reached the entrance of the Austrian chapel, which was beautifully dressed in crimson damask, and lighted with silver lamps. When at the door we hesitated to enter; we feared that some one in the dense crowd before us might be clothed in the garments of death, and that those who were so anxiously striving to go in, to seek eternal life, might but be, hastening to become the tenants of a tomb. Our fears overcame our wishes, so we turned and left—but as we went, we were told by an aged man, whom we judged had seen some seventy summers, not to fear, but to enter in and pray—that it was a festa day, and that St. John would ask of the Lord not to smite his chosen people. When he observed that we did not put so much faith in the Saint as many appeared to do, who were offering to the image their golden ornaments, were weeping, kneeling and praying, he remarked—“you, indeed, are heretics, and your fate will be like that of the Jews and infidels, who, you see, are groping their way in darkness around you.” As this last remark was not at all of a persuasive nature, we left the old man and returned to our lodgings, with a hope that we should not suffer from his prediction, or from our exposure. We must do the Smyrnaotes the justice to say, that after the festa was past, the weather gradually became warmer, the violent symptoms of the plague disappeared, and in the course of a few days not a case of the disease was known to exist, either in the city or its suburbs. Should this sign of theirs ever fail, the consequences would be dreadful—the pest would be introduced into every dwelling, and every family might suffer by its ravages.

In taking leave of this subject for the present, we would recommend to the Smyrnaotes not to have so much confidence in their Saint, as he may deceive them; and when it is too late, they may be made aware of their error, and perish.

[To be continued.]

LETTER ON THE PARIS ACADEMY OF MEDICINE.

[Translated from a Paris Medical Periodical, and communicated for this Journal.]

THE Academy of Medicine has no better friends than ourselves. We not only praise it, but blame and criticise it as occasion requires. This is the part of true friendship; *qui bene amat bene castigat*. The Academy is powerful; it has consequently many flatterers and courtiers, who find everything, that it says and does, right. It is desirable that

some one should speak the truth, although, as it generally happens, it should take it in bad part.

One of its worst habits is that of not knowing how to employ its time. Of the two hours devoted to its session, it employs nearly one half in the communication of parts of its correspondence, and in the reading of a sham verbal process that an excess of zeal has foolishly transformed into a veritable full account. The verbal processes of Cuvier at the Academy of Sciences never lasted longer than five minutes. Those of the Academy of Medicine often continue more than a quarter of an hour. As to the other half of the time, it is rare that it is not absorbed by discussions entirely or almost idle; we say idle, because they bear neither upon points of science, nor upon practical facts, but have for their object either personal disputes, or the details of forms which the Academy ought to leave to the decision of its council. Genuine scientific conferences are very rare. What can be more useless than the interminable conversations which follow the reading of reports upon secret remedies, or upon some similar branch of academical labors, conversations generally without end, which the benevolence of the presidents allow to run at random without rule and without law! The presidents of our Academy are too apt to forget that they are in the chair not only to preside, but to govern. We must have liberty, but not anarchy; and it is not admissible that the liberty of speaking, or rather of prattling, should be the same in an academy as in a drawing room. These frivolous conversations run away with at least a third part of each session, and this time might be much better employed. How many important labors wait in vain for their turn to be presented, for months and even years! One would think that the admission of the public to the academical assemblies would be a favorable stimulant; but it seems to have had no other effect than to bring a love of noise and a desire of showing off, and to drive away those serious scientific habits, which require silence and a collected mind. The Academy of Medicine has become in this way, like many others, a stage where one goes to perform and be seen. This is not at all the spirit of these institutions. But this question is too serious a one to be touched upon cursorily. We shall only note this circumstance as one of the causes which provoke and maintain in the bosom of the Academy passions and interests which, to satisfy, takes away a great deal of time from scientific operations.

But this is not all. Our Academy not only expends nearly three fourths of its time in useless discussions and occupations, but loses the remainder in consequence of a habit not less blameable. This habit, which is particularly surprising to our provincial brethren who are introduced for the first time into the sanctuary of the Rue de Poitiers, is that of not listening. It is indeed entirely characteristic. It is only in the Chamber of Deputies that some distant analogy may be found. In other literary meetings, similar to those of the Institute, nothing like it is seen. We confess that in a great majority of cases what is said does not deserve to be heard. Inattention is then admissible, but not interruption. Silence, but not attention, is demanded. Be as weary as you please, it is the right of an academician; but be weary in a grave and peaceable

manner. You are not asked to listen; this would be a piece of revolting injustice; but simply to allow others to hear. You may yawn, sleep, read your journal, make your notes; all this is lawful. This is practised in well-behaved academies. With us, noise is not an occasional occurrence, it is the normal state; and the bell of the president, which, in other academies, sounds but once, at the opening of the session, is in ours a sort of running accompaniment. On this account it does not obtain the slightest attention. It is only an additional sound in this mighty hubbub. It may be said that, excepting some rare cases, all the readings at the Academy are heard only by the reader. There is great inconvenience in this state of things. The person who occupies the tribune alone has the right to speak—his being there gives him that right. Silence is a still more imperative duty if the person who speaks is a stranger to the Academy; a warm welcome ought to be accorded to those who are freely admitted; and to fail in this is inexcusable ill manners.

The tone, the direction, the taste of the discussions are not less eccentric. Cries, shouts, interruptions, form their material and make the web. Heaven is our witness that we do not calumniate this our honorable Academy; it is a known fact that it is impossible to discuss there gravely, moderately, politely and regularly, at least on ordinary occasions. The exceptions are too rare to be quoted. A few days since, the body, in secret session, was so stormy that *they say* nothing like it was ever known in the memory of academicians; but, if they say this, it must be because the memories of academicians are peculiarly short, for nothing is more common than these events. At any rate, it appears that on this occasion, they went all lengths in words, and that the thing was stopped just as they were coming to blows.

Concerning the internal affairs of the Academy, its budget, its bulletin, and other details of finance and administration, we have nothing to say on the ground of discussion. But we groan at the exhibition which our honorable brethren make of themselves to each other.

In a word, what is especially wanting in the external affairs of our Academy, is a cool, dignified deportment. How is it possible to make others respect us, when we seem unwilling to respect ourselves? What authority will an academical decision have, when announced at the same moment with epigrams, puns, and shouts of laughter? How does our profession dare to pretend, among others, to the good opinion of the people, when the élite of the physicians of the capital show themselves thus in dishabille in public? how to speak of medicine as a sort of priesthood, when the priests are seen to abandon themselves to extravagances incompatible with decency, good taste, and the habits of good society.

We have left off the gown and sugar-loaf hat, and fancy that we have gained much in losing these absurdities; but we suspect that this gown and cap were not so vain and useless as is generally imagined. This costume protected, without doubt, the emptiness of some ignorant persons, and the insolence of various quacks; but, in general, the class of men who wore them were more grave, more circumspect, more reserved,

than that which has succeeded it; for from making itself respected by its costume, it made the costume respected by its manners.

TEMPERANCE AND EXCESS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In my last, I represented our farmers in New England, beyond middle age, notwithstanding all that is said about their health, to be almost universally affected with liver complaints, stomach or bowel complaints, or rheumatism; and I insisted that these diseases were caused, to a very great extent, by excess of food.

One thing, at any rate, is certain, and it cannot have escaped the observation of any *observing* medical man, which is that these diseases prevail; and that it is so common to find them coupled with age everywhere, that they are regarded, by most people, as its infirmities. Many would smile at the idea that these infirmities of age, as they are gravely regarded, are often little more than the natural consequences of their dietetic errors. Yet what can be more certain?

But “the appetite,” says your correspondent, “is a safe and competent guide. With nothing but plain fare, and substantial dishes, such as are found among our hardy yeomanry, there is no danger of healthy men killing themselves.”

Let us see how this is. The military rations, in England, are a pound of bread and a pound of beef or mutton daily. In France they are a pound and six ounces of bread, and $8\frac{1}{2}$ ounces of butcher’s meat. Nor should it be forgotten how often it is that even this small allowance of meat includes a large amount of mere bone. To these substantial, however, they add, when they can get them for themselves, various other articles; but when nothing else can be had, this is supposed to be amply sufficient to maintain health and strength. What the rations of American soldiers are, I do not now recollect, but I believe they do not essentially differ from the above.

The miners and forgemmen, in Dudley, England, are allowed a daily average of 18 ounces of bread, 7 of potatoes, 4 of meat, bacon or cheese, and 2 of oatmeal; amounting, of course, to 31 ounces of food. The 2 ounces of oatmeal is also frequently made into gruel.

Capt. Parry’s men, in an excursion near the north pole, of two months’ duration, had a daily allowance of 10 ounces of biscuit, 9 ounces of meat, and 1 ounce of cocoa powder; and there is no evidence that this was an insufficient supply of food, notwithstanding the extreme cold, and their exceedingly hard labor.

I might present, here, an account of the diet of workshops, penitentiaries, &c.; but to this there would be two objections brought; one that it is unreasonable to think of restricting people in health to prisoners’ fare, and the other that prisoners usually need less food than other people, because they use less exercise. I will therefore content myself with adding, that many a person—to say nothing of such cases as that of Lewis Cornaro—has been well sustained, and that, too, for a con-

siderable time, and at hard manual labor, on from twelve to twenty-four ounces of solid food, and four ounces of milk, a day ; nor do the best writers on this subject believe, that to secure the best health, in these circumstances, more than from one pound to one pound and a half of solid food, such as good dry bread, plain meat, &c., with, perhaps, four ounces of milk or eight of gruel, is desirable or even admissible. It is difficult, I know, to fix on any quantity which shall be exactly adapted to the circumstances and habits of all ; but I am fully assured that no soldier, sailor, farmer, or other hard laborer in the open air, can be found who has suffered any inconvenience, so far as health is concerned, merely for the want of food, when he has received his regular rations of two pounds, or nearly two pounds, of solid food a day. We may therefore set this down as the maximum amount of food, per day, which is compatible with the best health. What the minimum is—in other words, what is the least quantity, say of plain meat and bread, or of plain bread alone, on which a person can be sustained in the best permanent health—has not, I believe, been well ascertained ; because mankind are more concerned to eat as much as they can and not suffer, than as little as they can. I should not be greatly surprised to find, hereafter, should any fair experiments be made, that a quantity of solid food, as good bread, not much exceeding one pound a day, is better than a larger quantity, provided we are trained right, or having been trained wrong, can muster resolution and perseverance enough to reform ourselves. Not, of course, one pound of potatoes, or apples, or milk, or gruel ; for if the nutriment is less than in bread, the quantity must be increased.*

But admitting two pounds of solid food—the maximum—to be admissible, and all beyond that to be excess, how stands the case with our New England farmers ? “The appetite,” says your correspondent, “with them, is a safe and competent guide.” Does he know whither this appetite—this safe and competent guide—sometimes leads ? I know he has had opportunities for observation ; but has he had his eyes open ? Does he know what enormous quantities of food are often swallowed—I will not say eaten, but swallowed, bolted at least—by our hearty farmers, as they are called, in twenty-four hours ? Does he not know that where they have an abundance at all times—and such an abundance they generally have—especially in the winter, and at other seasons and times when their work does not “drive” them, they actually swallow double, nay even quadruple the quantity of food, in one form or another, which has been set down above as the maximum ?

I have made some estimates, based on observation and experience, in regard to this subject ; and I find that the family of a New-England farmer, or other laborer, consisting, as families do, upon the average, of about five persons each, often consumes 33 pounds of food a day ; and that, too, under the direction of that guide which your correspondent has pronounced safe and competent.

* I do not forget here, what every medical man well knows, that a person who has been exceedingly reduced by disease, will recover after the disease has left him, on the use of a much smaller quantity of food than is here named, say on ten ounces of bread in twenty-four hours, or a pint of milk, or two pints of gruel. But it should be remembered that here there is very little waste, so that the system, though debilitated greatly, does not require as much sustenance as that of the hard laborer.

Is such a conclusion startling? It is so to myself; and yet when I consider the facts from which it is deduced, I cannot come to any other. Indeed, I am sure it is quite within bounds. The potatoes and the milk used (allowing little more than a pint of the latter to each individual upon the average, and many families eat and drink a quart each, besides what they put into bread, pudding, cakes, tea and coffee) would of themselves often weigh fifteen pounds. Then there are the meat, the fish, the turnips, the bread, the cake, the hasty pudding, the butter, the cheese, the apples, the nuts, &c. &c. Remember, moreover, that there are not merely three meals a day to each person, but often four and sometimes five; and occasionally, with the children, even more than this. Allowing to each individual four meals only, including the luncheons, and the whole number of meals, taken in a day, would be twenty. Now 33 pounds of food a day, would be only about a pound and a half of food to each meal. What child, of any size, will not eat his pint of milk, if not his half a pound of bread, at each meal? But what father of a family who labors hard would be satisfied, except from sheer necessity, with anything like a pound and a half of the most solid food which could be presented, unless it were cheese or bacon, and these are usually eaten as condiments, rather than as principal articles.

What farmer is there, for example, who is really hungry, at noon, and sits down to a platter of boiled beef, pork, potatoes, turnips and carrots, accompanied by brown bread, rye bread, or wheat bread, and followed by boiled Indian pudding, with cream, butter and molasses, and a little cheese, who does not eat eight ounces of meat, a pound of potatoes, a pound of turnips or carrots, a pound of pudding, and half a pound of the other accompaniments; to say nothing of bread—of which it would take but a few such mouthfuls as farmers bolt down, to make up half a pound. Now here are four pounds of food eaten at a single meal, leaving out the bread; and no one who ate this would suspect himself of excess, as the custom is. But this repeated three times a day, would be twelve pounds. If the mistress of the family and the children should, upon the average, use but half as much, each, the amount a day would considerably exceed thirty-three pounds.

Again, at supper, suppose the master of a family eats four ounces of flesh meat, one pound of potatoes, a pound of bread or bread and hasty pudding, four ounces of cheese and butter, a pound and a half of milk, and half a pound of some sort of pie—and I can assure my readers, and your correspondent in particular, that such suppers are not uncommon—this would be four pounds and a half. I think that breakfasts, including, as they often do, a pound or so of solid mince pie, and a pound or two of "hash," would fall a little short of the dinner or the supper, in point of weight or quantity; but then we must not forget the luncheons, the apples and the nuts; nor the milk drank from time to time during the day.

I say again, therefore, that startling as the conclusion may be, that many of our "full" agricultural families of five persons consume 33 pounds of food a day, and the male adult laborers at least 10 or 12, I am confident facts will sustain it. However, to prevent any possibility

of exaggeration, let us reduce the quantity one fourth. This still leaves to an adult laborer 9 pounds of food a day. Is not this, on the most liberal allowance, four times as much a day as should be eaten?

Will it still be said, despite of all this, that there is no excess in the community? that "the appetite is a safe" and "competent guide?" that there is no danger of erring either "in the quantity or the quality" of food? that our people "give themselves up to the impulses and checks of nature, and are not betrayed?" &c.

But I will pause here; for I hope to have a further hearing, and therefore ought not to be tedious. There are several topics which, for humanity's sake—not solely for my own sake—ought to be discussed; and for which I know of no place (beyond the limits of my own periodical, the "Library of Health") more appropriate than your Journal. "The best part of the medical art is the art of avoiding pain," was the motto of Dr. Coffin, your predecessor, in his *Medical Intelligencer*; and who will say that to prevent the consumption of four times as much food as is necessary, would not be to follow out the spirit of the doctor's motto, and to fulfil a most praiseworthy end of the medical profession?

Dedham, Dec., 1839.

Yours, &c.

WM. A. ALCOTT.

SMALLPOX.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Thirty-eight years ago I was inoculated for cowpox from matter obtained from Dr. Waterhouse. Thirty-four years since, an inhabitant of Northboro', county of Worcester, returned from New York indisposed, and shortly afterwards came out with smallpox. At that time vaccination was not much practised, and as his own family and others in the district were exposed to the disease, the authorities ordered an inoculation for smallpox of all who had been and were exposed. To test the preventive power of cowpox, I visited this little hospital, and took with me two others whom I had previously vaccinated at different times; and we procured ourselves to be inoculated by the attending physician from the body of the man who died a few days afterwards of confluent smallpox. The punctures in our several arms inflamed slightly in about twenty-four hours, and in five or six days subsequently terminated in an irregular scab, which fell off, leaving no mark. Since then I have treated the disease as it prevails now at many different times, and am familiar with its appearance in the unprotected, in those who have had cowpox, and in those who have had natural smallpox, and smallpox by inoculation.

How cowpox should be a preventive of smallpox in any instance, or why smallpox should be modified by cowpox, I do not pretend to know. But it is strange that smallpox—the most cruel, loathsome and deadly of all diseases derived from specific infection—is not a security against a second attack of the same disease. It is a singular departure from the laws that uniformly govern other diseases which are propagated, we *know*, by specific infection. Measles may be confounded with other

exanthematæ which simulate it; mumps with incidental inflammation of the parotid glands; whooping cough with bronchitis; chickenpox with mild or mitigated smallpox; and the strong resemblance between the latter induced Thompson, in his treatise on smallpox, &c., to affiliate smallpox, varioloid and *chickenpox*. But these mistakes, to an experienced eye, will so seldom happen as to furnish scarcely an exception.

My own opinion is that smallpox, *as it exists now*, is as distinct from the "regular smallpox" described by Sydenham and the earlier writers, as is chickenpox from varioloid; that the smallpox of the present time is described by Sydenham under the name of "anomalous smallpox." A history of the same disease was written by Rogers (if I mistake not), as it prevailed in some part of Ireland, and again by some one (name not recollected) in India. "Regular smallpox," as described by Sydenham, was a pustular disease, accompanied with phlegmonous inflammation. I suppose cowpox to be a certain preventive of this disease; and since the almost universal introduction of cowpox, that pustular smallpox is among "the things that were"—that it does not, in fact, exist at this time.

The smallpox of this day is a vesicular disease, and the accompanying inflammation is erysipelatous—a distinct disease, and requiring medication and management quite different from the approved method of treating "pustular smallpox." If this hypothesis be correct, it does away entirely many perplexing doubts and embarrassments. And these suggestions, I hope, will induce others of more leisure and better means to re-examine the earlier authorities, comparing their descriptions and histories with what is passing now under our own eyes.

Springfield, Dec. 30, 1839. Respectfully, your obt. servt.

JOSEPH H. FLINT.

P. S.—I need not mention that I have written hastily, and from recollection, in my references. I had prepared a paper on this subject some years ago, with more care; and though I cannot charge my dog "Diamond" with misconduct, the paper, by accident, got into the fire. I fear you will think it gave more light in that way than it would in any other. If you can make use of the above, it is at your service. And if you will pardon my troubling you with *hasty sketches*, I will feel much obliged.

J. H. F.

SPINAL IRRITATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It would be gratifying to see the disease denominated spinal irritation, discussed in your Journal. It is one becoming very common in this region, and I believe more or less prevalent over the country at the present day. It has fallen to my lot to see much of it for the last five years. I have at the present time no less than eight cases on hand, some of which are severe. I have been much perplexed with this disease, finding some of my patients hard to cure. The patients that

have fallen into my hands have generally been females, and those that have borne one or more children, although not unfrequently I have witnessed it in men.

Hoping that some of your able correspondents, who have had experience in this disease, will take it up, and discuss it at large, I leave it for the present, by propounding the following question. What is the nature, the principal causes, and best mode of treatment, of spinal irritations?

Respectfully yours,

West Amesbury, Dec. 25th, 1839.

BENJ. ATKINSON, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 8, 1840.

DR. DUNGLISON'S INTRODUCTORY LECTURE.

It is absolutely amazing how much a person may accomplish by an economical arrangement of time. It seems but a few years since we saw the name of Dr. Dunglison in the catalogue of professors attached to Mr. Jefferson's University, as it was then called—who selected, in Europe, such persons as were esteemed the best qualified to sustain the school of learning to which the last days of that great man were devoted. Next, the Professor was taking a prominent lead in the medical department of the University of Maryland—and next, meteor like, the position which he sustains in the Jefferson Medical School, at Philadelphia, equally redounds to his honor and a wide-spreading reputation. All the while, book upon book has been ushered into being, with such rapidity that it would seem that no other business could have been conducted with order or satisfaction, while these were on the tapis. Such are a few of our own recollections of the course of the author of an introductory discourse, delivered before the medical class, at the opening of the lecture session, in November, at the Jefferson Medical College.

This address seems not to have been written with a view to publication—but merely as an opening process, by which he introduced himself, officially, to the students. They, however, felt that its claim was higher than did the author, and in a spirit of unanimity, creditable to the discretion of the class, requested permission to put it to press. Some parts of the lecture are really beautiful; others excite our risibility—and then comes in, appropriately, the solemn lessons which are to exercise the mind of the practitioner through life.

“I have mentioned that the result of your professional studies, and I may add, ultimate success, will depend greatly on your own exertions. The remark that every man of eminence in science is self-made, is indisputably just. Natural endowments may communicate a facility of conception and execution; yet commanding distinction is only to be attained by well-directed, sustained, and strenuous efforts. The feeling prevalent amongst the vulgar, that a knowledge of medicine comes by nature, is passing away—strange that it should ever have existed—and it is now almost universally conceded, that nothing but a sedulous cultivation of the powers of observation and reflection can render an individual familiar

with the intricate mechanism of man in health and in disease; in short, with that which has been properly regarded and described as 'the most inductive of all sciences.'"

Here is a specimen of the doctor's tact for relating a good anecdote.

"The story related by Dr. Moore, of the French student of medicine, which is the prototype of many similar anecdotes, is not an overdrawn picture of the mode in which experience must have been registered in days of yore, and, I fear, is not wholly without its application in the present day. 'A French student of medicine lodged in the same house, in London, with a man in fever. This poor man was continually teased by the nurse to drink, though he nauseated the insipid liquids that were presented to him. At last, when she was more importunate than usual, he whispered in her ear—"for God's sake bring me a salt herring, and I will drink as much as you please.' The woman indulged him in his request; he devoured the herring, drank plentifully, underwent a copious perspiration, and recovered. The French student inserted this aphorism in his journal: '*A salt herring cures an Englishman in his fever.*' On his return to France, he prescribed the same remedy to the first patient in fever to whom he was called. The patient died; on which the student inserted in his journal the following caveat: '*N. B. Though a salt herring cures an Englishman, it kills a Frenchman.*'"

There is good sense in the following paragraph.

"Yet, gentlemen, although we are amazingly improved in our habits of noting and registering facts, I am not sure if the more modern methods of observing are not calculated, with all their advantages, to be productive of some evil. The school of Louis, to which we owe many excellent monographs on individual diseases, urgently impressing, as it does, upon the tyro, the necessity for the most careful observation of the phenomena presented by disease, is apt to leave the impression that this is all the practitioner needs, and to convey the too exclusive idea, that self-observation is alone necessary to make the accomplished pathologist and physician—an ideal rock on which the profession has struck for ages, and which has greatly retarded the onward course of medical science."

Should opportunity present, further drafts will be made upon the pages of this address, which shows that the author is always at home, in all occupations and locations.

Crania Americana.—We have felt so much interest in the work of Dr. Samuel G. Morton, of Philadelphia, bearing the above title, that no reasonable opportunity has been allowed to pass by, without reminding those who acquaint themselves with the progress of science, that they should encourage the author in every possible manner in their power. Within a few days, several hundred copies have been sent out, in a state of completion, fully equalling the expectations of Dr. Morton's friends. One hundred copies were shipped to London as soon as they were taken from the binders. Only three hundred more, says a correspondent, were published—a part of which were placed on board the brig Palmer, destined for this port; but unfortunately for the owners, and particularly so for subscribers at the north, the vessel was wrecked on the passage, and every volume of this splendid production of Dr. Morton's best years, was sunk in the ocean. Mr. Combe, with whom we were conversing on the subject of the author's researches, spoke of the undertaking in terms of admiration. He seemed

to consider that it was one of the most important which had emanated from the American press. It is beginning to be an inquiry—whether there is any mode of supplying the reading community with another set of books. The price originally fixed upon was twenty dollars. When the numerous and difficult plates are carefully examined, no one will presume to assert that it is a dear book: on the contrary, it is so reasonable that every library, making pretensions to character, in the whole country, should endeavor to obtain it.

Medical Examiner.—The third volume of this Journal, published in Philadelphia, commenced on the 1st inst. During the past year its reputation and worth have continued to increase. It has in the editorial chair some of the ablest and most energetic of the scientific youth of Philadelphia. During the past year it has published several letters from correspondents in Europe, whereby we have been brought in almost immediate contact with the men of the old world. Many curious and useful articles have appeared in it from the pens of Drs. Gibson, Gerhard, Pennock, Stewardson, &c. We recommend it to our readers. Dr. H. L. Bowditch, of this city, is the agent for Massachusetts. Terms, \$5,00 per annum, in advance. Published weekly.

Apparatus for the restoration of Club-feet.—A correspondent assures us that Dr. J. B. Brown, Director of the Orthopedic Infirmary, in this city, has operated upon five club-feet during the past week. Many of our senior surgeons and physicians were present, and speak highly of the skill of the operator and of the beauty of his apparatus, which is extremely ingenious and complicated. It appears to fit easily upon the limb, and to produce little inconvenience. The pressure is graduated by turning a key, and may be varied in any direction and degree the case may require. It appears to be adapted to all varieties of the deformity, as the different parts are so constructed that a pressure may be produced in contrary directions at the same time, as the nature of the particular case may indicate. We understand that Dr. Brown has obtained, or is about to obtain, letters patent for his ingenious apparatus. His great success in these operations is undoubtedly to be attributed much less to his mode of dividing the tendons, than to his adaptation of apparatus in the subsequent treatment.

Ohio Lunatic Asylum.—The first annual report of this institution is before the public. Dr. Woodward, of Worcester, and the Superintendent, have done us a favor in sending copies to the Journal, and another week some extracts may be made to show the progress of humanity at the West. Dr. Ayl, the Superintendent, is extensively known throughout the West for a vigorous intellect, and an unwearied devotion to the highest and most responsible duties of the practice of medicine. From the knowledge, therefore, which we have of the character of the author of the report, we shall read it with the more interest.

Petition respecting Vaccination.—The Provincial Medical Association, in England, have circulated, for signatures, a petition to Parliament, on the subject of inoculation and vaccination. They pray that smallpox inoculation may not be permitted by any one who is not duly qualified to practise physic and surgery—and with regard to vaccination they say, “that it appears to your petitioners to be the duty of the State to appoint regularly-accredited vaccinators, with suitable salaries, in districts sufficiently nu-

merous to embrace the whole of the poor population of the country, and who shall offer gratuitous vaccination at stated periods to all within their bounds, keeping accurate registers of their proceedings, and communicating regularly with the national vaccine establishment; that under such a system, duly organized and vigilantly executed, your petitioners have the strongest reason for believing that smallpox would be effectually restrained, and soon become almost unknown."

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 463 ft.

1839. Decemb.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	REGIS. THER.		Remarks.
	Therm. 7 A.M.	Therm. 2 P.M.	Therm. 5 P.M.	Barom. 7 A.M.	Barom. 2 P.M.	Barom. 5 P.M.			H'gt. Therm.	L'st Therm.	
1 Sun.	33	40	36	29.63	29.60	29.58	N E	Cloudy			
2 Mon.	38	39	34	29.60	29.62	29.60	N E	Cloudy			Light snow in the night.
3 Tues.	34	34	34	29.58	29.50	29.50	N E	Snow			
4 Wed.	36	44	44	29.48	29.40	29.35	N W	Fair			Cleared off at 8 o'clock, A. M.
5 Thur.	40	53	49	29.46	29.45	29.49	N W	Fair			Light shower in the evening.
6 Frid.	41	51	50	29.50	29.51	29.50	N	Fair			Very pleasant day.
7 Satur.	36	44	42	29.50	29.47	29.47	N	Cloudy			Moderate rain.
8 Sun.	40	39	42	29.42	29.36	29.27	N	Rain			Foggy morning—severe rain.
9 Mon.	40	42	43	29.10	28.83	28.72	N E	Cloudy			Foggy day, great rain at night.— [Barom. fell to 28.47.]
10 Tues.	33	40	38	28.99	29.06	29.10	S W	Fair			Very pleasant day.
11 Wed.	28	40	37	29.22	29.25	29.26	S W	Fair			Snow and rain in the night.
12 Thur.	35	38	38	29.00	28.74	28.75	N W	Fair			High wind—snow squalls.
13 Frid.	34	33	34	29.09	29.16	29.21	N W	Fair			Indications of storm.
14 Satur.	28	36	35	29.46	29.47	29.46	N W	Fair			Great snow storm. Rain in even.
15 Sun.	28	31	33	29.10	28.74	28.55	N E	Snow			Snow storm continued 40 hours. [18 inches snow fell.]
16 Mon.	28	28	28	28.70	28.86	28.92	N E	Snow			
17 Tues.	24	26	23	29.20	29.23	29.25	N W	Fair			
18 Wed.	16	26	26	29.22	29.29	29.29	N W	Fair			
19 Thur.	6	18	16	29.31	29.35	29.35	N W	Fair			
20 Frid.	9	19	18	29.40	29.39	29.39	N W	Fair			
21 Satur.	16	27	24	29.40	29.46	29.45	N W	Fair			Very pleasant day.
22 Sun.	13	24	23	29.50	29.40	29.30	N	Fair			[High wind.]
23 Mon.	24	26	26	29.07	29.08	29.13	N E	Snow			Storm commenced at 7, A. M.
24 Tues.	28	35	33	29.30	29.31	29.31	N	Cloudy			Light snow in the evening.
25 Wed.	23	30	29	29.35	29.40	29.40	N W	Fair			Very pleasant day.
26 Thur.	15	30	27	29.55	29.60	29.61	N W	Fair			
27 Frid.	22	29	27	29.67	29.63	29.56	N W	Cloudy			Snow storm commenced at 4 P.M.
28 Satur.	32	37	35	28.47	28.25	28.22	S E	Rain			Storm continues, rain, high wind.
29 Sun.	25	26	22	28.42	28.47	28.50	W	Fair			Snow squalls—high wind.
30 Mon.	10	14	12	28.90	28.99	29.09	N W	Fair			High wind.
31 Tues.	8	16	16	29.47	29.53	29.55	N W	Fair			

The month of December, particularly the last part of it, has been cold and stormy. An unusual quantity of snow has fallen, amounting to from two to three feet in this vicinity.—The storm of the 15th commenced at New Haven at 7 o'clock, Saturday evening; at Worcester at 1 o'clock, Sunday morning; at Boston at 4 o'clock; and at Portland at 6 o'clock.—Range of thermometer, during the month, from 6 to 53; barometer, from 28.22 to 29.67.

TO CORRESPONDENTS.—An obituary notice of the late Dr. I. Smith has been crowded out this week.—We hardly think Medicus's charge of plagiarism sufficiently sustained to render advisable the publication of his communication. It would be no easy matter to give the characteristics of a disease which has been described by so many authors, as the one referred to, without using the expressions of some of them—though perhaps the better way would have been to mention the source, in this case, from which most of the paragraph was taken.

ERRATUM.—In Dr. Chadbourne's first case, page 289, for 14 years old, read 34 years.

DIED.—In Holliston, Ms., Charles Cutler, M.D., of New England Village, 25.
—In Somers, Ct., Dr. H. A. Hamilton, 43.

Whole number of deaths in Boston for the week ending Jan. 4, 29. Males, 14—females, 15.
Of consumption, 5—smallpox, 10—inflammation of the stomach, 1—dropsy on the brain, 1—scarlet fever, 2—insanity, 1—quinsy, 1—inflammation of the larynx, 1—typhous fever, 1—apoplexy, 1—fits, 1—erysipelas, 1—debility, 1—throat distemper, 1—stillborn, 4.

VERMONT MEDICAL COLLEGE.

THE next annual course of Lectures at this Institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by DAVID PALMER, M.D.
Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.
General and Special Anatomy and Physiology, by ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by GILMAN KINBALL, M.D.
Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.
Pathological Anatomy, by ROBERT WATTS, JR., M.D.
Demonstrator of Anatomy, SAMUEL W. THAYER, JR., M.D.

Terms for the course, \$50.—Graduation, \$18.—For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

Woodstock, Vt., Jan. 3, 1840.

By order of the Board of Trustees,
J. 8—eoptM15 N. WILLIAMS, Secretary.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.
Theory and Practice of Physic, by JOHN DELAMATER, M.D.
Obstetrics, by ERENEZER WELLS, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing. Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me. Nov., 1839.

N 27—eop6t

P. CLEAVELAND, Secretary.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

Boston, Nov. 20, 1839.

epimeop6m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price—in pocket-book form, \$1; in cloth binding, 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents. Dec. 11.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, JANUARY 15, 1840.

No. 23.

SIR B. BRODIE'S CLINICAL REMARKS ON ULCERS.

I SHALL make but a few general observations upon ulcers, as I shall have to speak to you at large upon some of the particular species of these morbid degenerations of structure. It is somewhat difficult to give a correct definition of what an ulcer really is. We say that a part is ulcerated, when some portion of the solid structure is absorbed, and the exposed surface presents a suppurating aspect. Internal ulcers, as they are sometimes termed, come more particularly under the care of the physician; but, as I have just said, ulcers on the external surface of the body, not depending on any poison as a cause of their presence, are very difficult to describe in words, on account of the great variety that are presented to the observation of the surgeon. I will first, then, speak of

Healthy Ulcers.—These are such as may be caused by the application of caustic, or from an incision made with a knife. These ulcers secrete a thick, white pus, of the color of cream; the granulations are small and pointed, and of a florid red color. Generally speaking, a healthy ulcer will heal of its own accord; but it is generally necessary to apply some simple dressing to it, and place a roller over this, as it will prevent its scabbing. When the ulcer is of a large size, you will heal it best by the application of stimulants. These substances vary, but they have all one common purpose. They are generally used in the form of diluted nitric acid, or a solution of the sulphate of copper, or sulphate of alum; but, perhaps, none are so efficacious as a solution of nitrate of silver, in the proportion of two grains to one ounce of water. There is very great discretion necessary in the application of these stimulants. The ulcer may be over stimulated, or the reverse may be the case. When the ulcer is of a large size, its cicatrization may be promoted by gently purging the patient, and applying straps of adhesive plaster to the ulcer. An ulcer in the neck, caused by a burn, will heal; but if great care is not taken, the cicatrix will contract, and the skin will be bound down to the sternum. This, of course, causes great inconvenience to the patient, and you may, perhaps, imagine that the relief is very easy, and say, "cut across the cicatrix"—aye, aye, you may cut across the cicatrix, if you like, but it will form again, and become still more contracted. It was in such cases as these that the late Mr. Earle proposed to dissect out the cicatrix and bring the parts together in such a manner that the contraction shall not be productive of

any inconvenience. I have performed this operation of excising the cicatrix in several instances; but I cannot say that I have ever been perfectly satisfied with the result. There are some appearances which ensue after burns, and which very much resemble ulcers, but they are not ulcers in reality; these are best treated by sprinkling a little powdered prepared calamine on them. There are some ulcers which do not heal very readily; this generally results from weakness of parts. In such cases the granulations are large, and grow very rapidly; they are pale in appearance, and possess but little vascularity, whilst their surface is soft, spongy, and very irregular. Now, in such a case as this, you must restore the strength of your patient's constitution, by giving him bark and such other tonics as he requires. You will do much in this way, but you will do more by attending to the local treatment of the ulcer. If you find the granulations grow above the surface of the skin, you must touch them with the solution of the nitrate of silver, or with the oxidized ointment of the nitrate of mercury, and strap it with adhesive plaister. If you find an ulcer become very irritable, you may make pressure on it with adhesive plaister and a bandage; this is an old but very excellent way of treating these cases. The adhesive plaister should be spread on cloth and cut into strips an inch in breadth. Apply one strip some distance below the wound, the next half way over the first, the next half way over the second, and so on, till you have arrived over the ulcer. Take care that the pressure is equal; much pressure is not needed in these cases. When there is much discharge, the adhesive plaister should be changed daily; when there is not much, every other day will be quite sufficient.

Indolent Ulcers.—You will meet with these most frequently in the leg. They generally occur a little below the level surface of the skin, have no granulating surface, and the discharge from them is not of pus, but of flakes of coagulable lymph. The edges of the surrounding skin are thick, prominent and smooth, on their upper surface. If such an ulcer as this comes under your care, put your patient to bed, apply fomentations and poultices, and, when the inflammation has subsided, apply some adhesive plaister to the ulcer, with a roller over it. Or you may, if you please, use some stimulating ointment to the part.

Sloughing Ulcers.—These are ulcers that spread partly by suppuration and partly by absorption. They are attended by considerable pain and surrounding inflammation, and the discharge from the ulcerated surface is very copious and offensive. These ulcers cause great constitutional disturbance. The pulse becomes quick, the skin is hot and dry, and the tongue furred. In treating such an ulcer, you must first ascertain what the constitutional cause may be, whether it may arise from the internal irritation of mercury or any other poison in the system. The patient should be kept in a perfect state of quietude. When there is much pain, and a line of limitation between the sloughing and healthy surface shows itself, you will find that the internal use of opium in the dose of from four to five minims of the tincture will prove of great service. There are some of these cases which are benefited by bark. When the ulcer is not very painful, and the pulse is feeble, you will

find the tonic plan of treatment to be the best. When there is a great deal of sloughing, and the skin is dry and hot, you will aggravate the disease by giving stimulants. You must, in such a case, take blood from the arm, which you will find has the buffy coat; with this you must combine purgatives and diaphoretics. The local treatment may consist of cold applications, or the white way ointment, or the chlorate of soda; but I would particularly recommend to you the compound tincture of benzoin. To apply this, dip a piece of lint in the tincture and apply it over the ulcer, and prevent it from evaporating, by putting dry lint over it. When the sloughing has stopped, merely wash the parts with the tincture, and apply adhesive strapping over it. There is no general rule of treatment, for according to the external appearance of the ulcer and to the constitutional disturbance of the system, so must be the remedies. Another mode of cure is to stop the sloughing of the ulcer, by applying the concentrated nitric acid to it; but I prefer the mode of cure by the compound tincture of benzoin. In France they use the actual cautery to these ulcers.

Irritable Ulcers.—These generally begin in the form of an eruption, terminating in an ulcer, which is extremely painful, and sometimes bleeds, and has jagged edges. The chief characteristics of this species are, extreme pain and a great indisposition to heal, and their depending upon a cachectic diathesis of system. Different cases require different treatment. The most general mode of treating these ulcers is in exhibiting small doses of mercury with the decoction of sarsaparilla. Sometimes the digestive organs are affected, and then you must give bitters. You must bear in mind that these ulcers always depend upon a cachectic state of constitution. The local application may consist of a carrot poultice, with one drachm of the extract of hemlock beat up with it. In some cases Peruvian bark may be applied in powder to the ulcer. Stimulating ointments are sometimes beneficial, whilst at other times they are injurious. The difference between sloughing ulcers and irritable ulcers is this, that the former affect the constitution, and cause the disturbance, whilst the latter are caused by the cachectic state of the constitution.—*Lancet*.

GANGRENE OF THE LUNGS—BRONCHITIS—PHTHISIS.

FROM THE CLINICAL LECTURES OF DR. W. W. GERHARD, PHILADELPHIA.

I SHALL now show you some cases of gangrene of the lungs, and bronchitis, the symptoms of which more or less resemble those of phthisis, and the diagnosis becomes, therefore, frequently difficult.

Gangrene of the lungs is by no means a frequent disease; it is oftener met with in hospitals than in private practice. It resembles phthisis, inasmuch as it produces softening of the pulmonary tissue, and, consequently, the formation of cavities. It differs from it in the fetor of the breath, and expectoration. The local signs, at the commencement of the disease, are imperfect.

The causes of gangrene of the lungs are cold, an epidemic tendency of the atmosphere, intemperance, and depressing circumstances generally.

In most cases, it arises from direct exposure, but sometimes it comes on gradually, and appears to be part of a general disease; that is, it depends on a vitiation of the fluids, in the same way with dry gangrene, of which I have shown you an example.

Case.—The patient is a boatman forty years of age. He had enjoyed good health till about two months before his entrance into the hospital. At that time, being engaged at his occupation on the Schuylkill, he fell into the river, and was with difficulty saved from drowning. He felt extremely cold, and could not speak for twenty minutes, but no sign of active disease followed for two weeks, other than feebleness and chilliness. Then a cough began, accompanied by pain in the lower part of the right axillary region; the sputa have never contained blood, and have been fetid from the beginning; appetite has been bad throughout; the patient continued to work regularly until November 30th; but since that time he has been unable to perform any kind of labor. The treatment, previously to his entrance into the hospital, consisted of venesection, and the application of a blister to the right side of the chest.

The patient was admitted December 6th. At that time the symptoms were as follows: slight emaciation; a dusky hue of the skin; slight flushing of the face; dilatation of the nostrils; skin warm; pulse 140, thrilling, moderately resisting; respiration 22, high and labored; expectoration thick and homogeneous, of a dirty, grayish color, and very fetid. On the right side, anteriorly, respiration vesicular throughout, with traces of the mucous râle, hurried and harsh at the summit of the lung. On the left side, vesicular, with traces of both mucous and sonorous rhonchi. *Posteriorly*, on the right side, vesicular in upper lobe, hurried, and very feeble; in lower lobe, scarcely any vesicular sound; at the upper part, deep-seated, cavernous respiration, and imperfect pectoriloquy. Percussion gives a flat sound in the lower two-thirds of right side posteriorly; clear anteriorly. The signs, therefore, indicated a cavity in the lower lobe of the right lung, with an engorged condition of the surrounding tissue, accompanied by pleurisy. The treatment has consisted in the use of chloride of soda, given in doses of twenty drops four times a day, with nourishing diet. Quinine, porter and brandy are often necessary; the indications being to correct the fetor of the breath and expectoration, and support the system, while nature effects the elimination of the gangrenous tissue. A number of palliatives, as opiates at night, will doubtless occur to you; but you should be sparing of depletory measures; they are rarely necessary, except when there is severe pleuritis near the gangrene; and these should be limited to local bleeding, or still better, to blisters.

Gangrene of the lungs is to be distinguished from phthisis by these circumstances; it usually begins suddenly, and runs its course rapidly; the skin presents a more decided dusky hue in gangrene, than in phthisis; and the breath and expectoration are always fetid from the commencement of gangrene. The prognosis of the two diseases is also very different. In gangrene it is not necessarily unfavorable; from one third to one half of the cases recover; in phthisis, on the contrary, our prognosis is almost always unfavorable after a cavity is formed. When gan-

grene tends to a favorable termination, recovery generally takes place in a few weeks. Any improvement in the symptoms of phthisis, on the contrary, is very gradually effected.

There are two kinds of expectoration met with in gangrene of the lungs. The most common is blackish, and resembles an inky sediment. The other kind, of which we have an example in the present case, is a grayish, frothy fluid, having some resemblance to yeast, with a fetid odor, which you may perceive is like that of putrid oysters. This, though the least common, is the most favorable variety of sputa. It is generally discharged in very large quantities—amounting, sometimes, to a pint or a quart daily.

I have frequently described, in my lectures, the progress of cure in gangrene. When the sphacelated portion is thrown off, a cavity is formed, lined with the usual pus, secreting false membrane, which gradually assumes the character of a mucous membrane. We shall watch the progress of this case, and keep you informed of the result.

The next case is one of bronchitis. The patient is a laborer, aged 35 years. He entered the hospital on the 2d inst., having been ill for two weeks. He was seized with cough, and pain along the sternum; in the course of a week he began to expectorate a muco-purulent matter, containing no blood; during the most of the time he has been confined to bed. These signs indicate an acute disease, which might be mistaken for the acute form of phthisis. It is distinguished from it, by the absence of the irritable, jerking pulse of phthisis, described in our last lecture, and also, by the absence of the local signs of tubercular deposition. Thus there is no flatness on percussion under the clavicles; and the mucous rhonchus is heard in the sound of respiration throughout the lower lobes of both lungs. But though bronchitis is thus distinguished from phthisis in the commencement, both by the general and local signs, yet it is very apt to terminate in the latter disease, and we ought always to anticipate such a result when it is prolonged, and occurs in young persons.

The next case is a complication of phthisis and bronchitis. The patient is a boatman, 38 years of age, of intemperate habits. He has been sick for three months, and unable to work during the whole of this time; his illness was caused by falling into the canal; the next day he was seized with shivering and cough, accompanied by pain; the expectoration consisted of mucus mixed with pus, but no blood. On the 4th inst. he entered the hospital, and the symptoms were as follows: There was abundant mucous rhonchus throughout both lungs, passing in certain portions into the sub-crepitant, while at the summit of the left lung, the percussion is dull and the respiration extremely bronchial. There is a quick irritation, some emaciation, and a dry, husky skin. The sputa, although not nummular, are more purulent than is usual in cases of bronchitis. The dyspnoea is much greater than in most cases of phthisis or uncomplicated bronchitis.

This case began in the form of bronchitis: phthisis was developed subsequently, and the two diseases are now co-existent. This state of things is of frequent occurrence, particularly at advanced periods of life.

At an early age, when phthisis is developed in the course of a bronchitis, it is apt to commence more suddenly, and run its course more rapidly than in the present instance. The patient, you perceive, is but slightly emaciated, and will probably get comparatively well; that is, the disease may continue for years with slight cough, &c., but may not shorten the patient's life; the cavity in the lung remaining, but lined with a healthy membrane. I have known several cases of such comparative recovery, from this form of disease; the chances of long life are not afterwards apparently affected by it.

You will now understand that phthisis pulmonalis may commence in several different forms:

1. It may commence *slowly and gradually*. This is the most common mode of origin, and is generally met with in cases where the tubercular diathesis is hereditary. The first symptoms of the disease are slight cough and expectoration; the local physical signs are not present until a more advanced stage.

2. Phthisis may arise from *inflammation*. This variety is most common in robust persons, and is likewise, in most instances, dependent upon a hereditary predisposition, which imparts to inflammation a tendency to terminate in the formation of tubercles. The most common seat of the inflammation preceding phthisis, is some one or other of the serous membranes; and the tubercles may at first be deposited either in the serous membranes alone, in the lungs, or in both. The mucous membrane of the bronchial tubes may likewise be the seat of the inflammation; but phthisis beginning in the latter way, is more commonly met with in old persons, than that which begins by the serous membranes.

Inflammation performs two distinct parts; in the one it is properly the cause of the tuberculous deposition which may occur some time after the inflammation, or take place during the progress. In the second, the secretion of tubercle is attended with an acute inflammatory action in the organs, but the cause of the tubercles cannot be said to be the inflammation which attends their secretion.

3. The *hæmorrhagic* variety. In this, hæmoptysis, whether preceded by a violent effort or not, constitutes the first symptom.

But these different forms of phthisis, though differing so much in their origin, after a certain period present the same character; they are all attended by emaciation, cough, expectoration consisting of pus and softened tubercular matter, hectic fever, and all the other signs which mark the more advanced stage of the disease. The progress of phthisis is most rapid when produced by inflammation of the serous membranes, especially in young subjects; it is less so when preceded by bronchial inflammation. The hæmorrhagic variety is likewise rapid in its course; the slowest of all is that which is constitutional and hereditary. All of these forms are liable to be confounded with other diseases; thus, the first may be mistaken for simple serous inflammation; the second for bronchitis; the third for hæmorrhage arising from other causes.

We might multiply the varieties of phthisis almost to an indefinite number, but the preceding are the most important, and may be considered as the landmarks in the study of the disease; under one or other of

these classes, all other forms may be included. There are, likewise, other tubercular affections, not commencing in the lungs, and only implicating them secondarily; but phthisis pulmonalis is by far the most frequent form in which the tubercular diathesis develops itself.—*Med. Examiner.*

BITE OF A LIZARD.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As I have not opportunity to examine the classification of *venomous* reptiles of the United States, I have copied from my diary the following singular case of the bite of the large *green spotted lizard*, so called. The case involves a question for the naturalist, rather than the physician. It is therefore submitted to your decision, whether its publication in your Journal may not elicit some new light of a scientific, if not practical nature. As the symptoms are entirely abnormal, partially tinged as they were with those of a tetanic character, I shall give them precisely as they were noted at the time, and leave others to their own pathological inferences.

On the 31st of Aug., 1836, I was called to a little girl, 13 years of age, the daughter of Capt. Joseph G. Rowe, of Georgetown, about nine miles from my residence in Boothbay, Me. Thirteen days previous to my visit, this little girl, as she was gathering an armful of sticks, felt something *pricking severely* the inside of the sole of the left foot. On looking down she discovered a large, green spotted lizard fastened to her *naked* foot, which she extracted with a fold of her gown, and with it that portion of skin on which it had seized. The next day she complained of numbness in the foot, as though it had been deprived of sensation by cording the ankle, and that occasional "prickling" that occurs on the return of circulation. The numbness continued extending upward—the whole limb became severely swollen, and the most excruciating pain on the slightest motion followed; and over the direction of the lymphatics, I observed the inflammatory blush. The muscles of the neck and jaw of that side were rigid and tender to the touch; much difficulty of swallowing; occasional delirium, particularly the first week, and a wonderfully increased mental acumen during her intervals of reason. The whole *left* side continued paralyzed, and the pain unabated. A short time before death, the limb became *spotted*. She lingered along in great agony until the 21st day of the bite, when death terminated her sufferings.

Owing to my distance from the patient, I had not opportunity for an autopsy, or to examine whether a filament of the internal *plantar nerve* might not have been wounded; but there were so many symptoms of the introduction of a morbid septic *poison* into the system, that I carefully recorded them at the time, more particularly as these symptoms, it is well known, bear a close analogy to tetanus. I have excluded the *treatment* in this case; 1st, owing to the time that elapsed previous to my visit; 2d, because the sole object of this communication is to ascer-

tain, through your *Journal*, whether the *lizard tribe* are *venomous* (which has been doubted), and whether in tetanus, the paralysis, great tumefaction, and spotted livid appearance, *before*, and gangrenous, *after*, death, are symptoms that ever occur.

Boothbay, Me., Dec. 28, 1839.

Yours, with much respect,

SIDNEY B. CUSHMAN.

THE LATE DR. ISAAC SMITH.

[Communicated for the Boston Medical and Surgical Journal.]

THE death of Dr. Isaac Smith, of Chatham, Ct., has already been mentioned in the *Journal*.

Dr. Smith was a native of East Hampton Society, where he spent his early days in acquiring the elements of that education, which was the foundation of, and prepared the way for, the usefulness so manifest in his after life. He commenced medical practice, after completing his course of studies with reference to that pursuit, at N. Killingworth, where he resided a few years, and there became familiar with that description of typhous fever which has prevailed to some extent the present season; and afterwards established himself in his profession at Chatham, where he continued to practise until his death, a period of 39 years.

In his deportment and intercourse with the members of his profession, he was always open, candid, frank and hospitable. With the sick, upright, beloved, kind, attentive and sympathizing, always ready to sacrifice his comfort, ease and happiness, for the good of his patient. His practice was plain, and well adapted to the case, and his mature judgment and long experience gave him a claim to confidence, which was rarely disappointed. He was a regular attendant upon divine service, and a communicant of the Congregational church, always appearing to rejoice in Christian privileges and duties.

Though the friends of the deceased wish not for the "language of panegyric," nor do we claim for him the most distinguished talents, or that he was pre-eminently skilful in *all* the diseases to which a community is incident, yet he possessed, in an eminent degree, the key to the finer sensibilities of the soul, and knew the sympathies and idiosyncrasies of his subjects, and could more readily address his conversation, and adapt his prescriptions, to their case, than, now, can any other.

The disease which caused his death was a fever, mild in its attack, and he was enabled to attend to his professional duties, with few exceptions, until about a week before it terminated. He seemed unaware of the lurking mischief which was undermining his constitution. Retching and vomiting, with a redundant secretion of vitiated bile, and distressing hiccough, with tympanitis, were the most urgent symptoms in the last stage, which continued until the system gave way. In his sickness he was seldom heard to complain, though during the last week his sufferings were great. The calmness and composure with which he met death, evinced most clearly the character of the man. With a strong reliance upon a Saviour, and his soul firmly stayed upon his God, he bid adieu

to his family, his friends, and the world, on the night of the 19th of Dec., aged 67 years, in the full hope of an immortality beyond the grave.

T. M., 2d.

Middletown, Dec. 25, 1839.

EXPERIMENTS ON DIGESTION.

[WE make room with some difficulty, this week, for the commencement of an account of various new and important experiments on digestion, by Prof. Schultz, of Berlin. It has just reached us in the *Lon. Lancet*.]

My object in the following experiments was to ascertain, more particularly, the relative digestibility of different articles of food in dogs and cats; and, for this purpose, I fed the animals with several sorts of food at the same time.

EXP. 1.—A dog of a middling size, which for some time previously had been fed upon potatoes, received as much as he could eat of boiled, raw, and roasted horseflesh, in pieces of from half to one ounce in weight. He ate, in all, about a pound. After three hours he was killed; the digestion had, in the mean time, made but little progress, and there was only a very small quantity of chyme collected at the pylorus. The pieces of boiled meat were everywhere, at the surface, dissolved into chyme, and were strongly acid, even in the middle, and after being washed with water. The raw pieces were less dissolved, but had become of a livid hue; and were also less strongly acid at the surface, and in the middle not at all so. The roasted pieces were, even at the surface, not perceptibly altered; they were covered with acid chyme, but upon being washed with water, showed no further acidity. The alteration of the boiled and raw pieces increased gradually from the cardia to the pylorus; it was imperceptible at the cardia, and greatest at the pylorus. There was no difference between the pieces which lay at the parietes of the stomach, and those which lay in the centre. The stomach was firmly contracted about the food, and without any peristaltic motion.

EXP. 2.—A large dog, that had been fed with potatoes, received in the morning, at 8 o'clock, from $\frac{1}{2}$ to $1\frac{1}{2}$ ounce pieces of boiled, raw and roasted horseflesh; in all, about $2\frac{1}{2}$ pounds. At three in the afternoon (after seven hours) he was killed. Although the digestion had proceeded so far that nearly two ounces of chyme were collected at the pylorus, yet the pieces of meat which lay at the cardia were still unchanged. The alteration increased gradually towards the pylorus, and here the pieces were about half dissolved, none being entirely so. The boiled meat was the most dissolved, and was most acid at its centre. The raw followed next; and by it the blue paper was reddened in the inside, as well as at the surface. The roasted pieces were also acid, even after being washed, but blue paper was scarcely altered by the inside. A peristaltic motion was present at the pylorus, which from time to time separated itself from the cardia, by the strong contraction of its circular fibres. The cardia was firmly contracted about the food,

and without any perceptible motion. The thermometer stood in the stomach and chest at 32 degrees Reaumur, and in the lower parts of the abdomen at 31.

Exp. 3.—A dog of moderate size was fed with a soup made of potatoes, which was mixed with several large pieces, and a little tallow, with which the potatoes were boiled. Six hours after, the soup had disappeared from the stomach; the larger pieces were but little altered, and only somewhat rounded at the edges. There was besides a little chyme, mixed with a few fleshy fibres that were probably left from the last meal; it was strongly acid, but the pieces of potato were but slightly so at their surface, and not at all at their centre. The gall bladder was much distended, and contained 2½ drachms of bile. Microscopic observation showed that the starch globules of the potato soup were still to be found unchanged, and in great number, in the intestines. The temperature of the stomach and the chest was 32 degrees Reau., of the liver and lower parts of the abdomen 31.

The stomach, as it contained very little food, was much collapsed, and had a peristaltic motion in its whole extent, which, however, was strongest at the pylorus. This motion ceased after half an hour, and when I brought the two poles of a galvanic apparatus into contact with the stomach, strong contractions ensued; the separation of the pylorus from the cardia was particularly plain. I had laid bare the *nervus vagus* in the neck, and brought the two poles into contact with it, but after the spontaneous motion had ceased, no effect was produced in the stomach. On the other hand, as long as the peristaltic motion lasted, it was greatly increased by the galvanic excitement of the *nervus vagus*.

Exp. 4.—A well-fed dog, that would eat no vegetable food, was fed with 1 ounce of bread, 2 ounces of roasted veal, which was very tender, the same quantity of raw ham, and 4 ounces of boiled unsalted beef. He was killed nine hours after. Three fourths of the food were dissolved to chyme. The boiled beef was entirely digested, and only to be recognized by a few fibres mixed with the chyme; the bread was half dissolved, and its remaining part, which was mostly crust, was, like the chyme, strongly acid, even in the middle part. One fourth of the raw ham had disappeared, and the other part, which was half fat, did not appear to be at all altered, and was not acid after being washed with water. The roasted veal was little changed, and acid only at the surface, and not in the inside. The peristaltic motion was observed at the pylorus, but not at the fundus; the temperature of the chest and abdomen was 31 1-10 degrees Reau.

Exp. 5.—A middling-sized dog, which had fasted the day before, was fed with 6 oysters, 2 ounces of smoked salmon, 1 of salt herring, and 2 of boiled pork, mutton and unsalted beef. He was killed six hours after. The oysters were perfectly dissolved, except the closing muscle of one, and their parts no longer perceptible in the chyme. A third of the pork, and three fourths of the mutton and beef were dissolved; the acid of the last was the strongest. The pieces of salmon were still further divided, but not much digested; the herring was perfectly unchanged, and was acid only at the surface, and not in the inside.

Exp. 6.—Two half-grown cats, that had fasted twelve hours, were fed at the same time with similar pieces of raw, boiled and roasted veal ; and further, with boiled beef and fish, as much as they would eat. One of them was killed three hours after. The stomach was without motion, and firmly contracted about the food ; the digestion had made but little progress, and about two drachms only of chyme were collected at the pylorus. The whole mass of the food had formed a ball, in which the different parts were not so easily recognized as in the dog ; for cats tear and masticate their food, while dogs swallow theirs in large pieces. At the cardia, the surface of this ball was neutral, and the food was perfectly unchanged. In the middle, between the cardia and the pylorus, blue litmus paper was somewhat reddened, and at the pylorus itself as strongly as usual, by chyme. The ball was cut through the middle with a knife, and it was seen that the degree of acidity was the same at the parietes of the stomach and in the inside of the mass. It increased here, also, towards the pylorus. The beef was the most digested, and the boiled veal more than the raw ; the fish and roasted veal, however, were still unaltered.

The second cat was killed after seven hours. The greatest part of the contents of the stomach were dissolved to chyme, and the stomach itself was three fourths empty ; the peristaltic motion, particularly at the pylorus, was also observed. A few pieces of fish were found among the undigested parts, the rest was mostly raw and roasted veal.

The temperature of the abdomen was 31 degrees Reau., of the chest and stomach 31 1-10.

Exp. 7.—A full-grown cat was fed with potato soup and a piece of old cheese, and, after three hours, killed. The cheese was mostly digested, and its small remaining part was strongly acid, even in the inside. The potato soup was little altered, and only rendered somewhat more fluid ; it very slightly reddened the litmus paper.

Exp. 8.—A dog was fed with boiled, raw and roasted veal, boiled fowl, fish, a little boiled unsalted beef, and a piece of old cheese. He was killed four hours after. The cheese was entirely dissolved, and only to be recognized by the smell of the chyme. The boiled fowl was entirely, the beef and veal for the most part, digested, and their remains had fallen into small pieces. The raw veal was dissolved at its surface, and its color had become livid ; it was acid at the surface, and neutral in the middle. The pieces of fish were still further divided, but it appeared to be merely through the mechanical motion of the stomach, for the muscular layers of fish were very loosely connected. The larger pieces, after washing, were but slightly acid ; whereas the remains of the boiled beef were strongly acid, even in the middle.

Exp. 9.—A cat was fed in the morning, at nine o'clock, with flour and potato soup, and further, with a little carrot and boiled beef. It was killed at twelve o'clock. A piece of meat, which the animal had swallowed last, and which was found at the cardia in the midst of the soup, was still unchanged. The rest at the pylorus was quite dissolved ; the soup was become somewhat more fluid, and it was slightly acid ; the carrot and a few pieces of potato were unaltered, and without acidity in the inside.

Remark.—I have often observed in dogs, that the order in which the different sorts of food are swallowed considerably alters the relative digestibility ; for I have several times seen indigestible matter which was swallowed first, and therefore came first to the pylorus, digested before other food which was more easily digestible, but which being swallowed later, came later to the pylorus.

Exp. 10.—A dog of middle size, which had been fed upon flour and potato soup, and afterwards allowed to fast 24 hours, was fed at nine o'clock in the morning with one or one and a half ounces of old cheese ; two, the same quantity of Dutch cheese ; three, the meat from the claws and tails of two large crabs ; four, three ounces of roasted pork ; five, an ounce of the fat of a smoked goose ; and six, with four ounces of boiled unsalted beef. At half past one he was killed ; nearly one half of the whole mass was changed into chyle ; a pretty strong peristaltic motion was observed at the pylorus. I observed, also, an undulating motion along the course of the large curvature ; the small curvature, however, was perfectly motionless.

1. The boiled beef, of which a few small pieces were still visible, was dissolved. 2. The old cheese was entirely, and the Dutch cheese mostly, dissolved ; its remaining part was chiefly rind, the surface and inside of which were strongly acid, even after washing with water. 3. The roasted pork was not much altered at the surface, although the inside was somewhat acid. 4. The crabs' flesh and goose fat were found in the chyme perfectly unchanged ; the litmus paper, however, was slightly reddened at the surface of the crabs' flesh after it was washed, but not in the inside. The fat, on the contrary, showed no acidity after being washed, even at the surface.

(To be continued.)

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 15, 1840.

PROGRESS OF SMALLPOX.

MEDICAL correspondents in the country are almost daily writing to know the state of the epidemic smallpox in Boston. The only answer we can give them is, that vulgar report has greatly magnified the number of cases, from the beginning up to the present time. Were we to hazard an individual opinion, we should say that the disease has considerably abated in the city. The number of deaths, however, in the weekly report of the Superintendent of Burials, shows that the malady is still here. Much alarm is manifested in the interior. The smallpox has gradually crept from Boston, so say the same gentlemen, in all directions, till villages in New Hampshire, Maine, Vermont, and various towns in Massachusetts, have got it in the midst of them. Pepperell, in this State, seems to have been severely scourged—and from that point it is feared that the infection will radiate through neighboring towns, to the sacrifice of many lives. We would say, therefore, vaccinate—there is no other way of circum-

scribing this shocking distemper. Thus far, the deaths in Boston, since September 2d, when cases first occurred, to Monday morning last, were 80. Since the first day of the present month, up to Monday morning, 22 have died.

Dr. Hun's Introductory Lecture.—At rather a late period, this discourse, which could not have been otherwise than well received, has reached us. However well constructed, these introductions are fitted for a particular occasion, and therefore not designed to exercise a permanent influence anywhere. But with regard to Dr. Hun's lecture, it is a sound, practical essay, which gives us the strongest assurance of the qualifications of the author for teaching. The chair of the Institute of Medicine in the Albany Medical College will never fall into disrepute while its occupant has the good sense, the science and tact for impressing his hearers with elevated and important truths which characterize this pamphlet.

We have noticed, with feelings of satisfaction, the improving character of all the introductions, the present season. They are altogether superior to those of past years, and those who preserve them will be in possession of the best specimens of modern medical literature in our country.

Dr. May's Introductory Lecture.—John Frederick May, M.D., Professor of Anatomy and Physiology in the medical department of the Columbian College, at the city of Washington, was solicited by the class to permit them to publish his introductory. Although Dr. May assured the young gentlemen that it was not written for the press, he consented, and we coincide with the committee in believing that it will be read and re-read with pleasure by many who have not the honor of a personal acquaintance with the talented author. It is quite impossible to copy from all the pamphlets and other excellent things that pour in upon a periodical like ours in the course of a week; but we can assure those who are so fortunate as to be put in possession of Dr. May's lecture, that they will read it with profit and delight.

The Epidemic of Augusta, Geo.—At a meeting of the physicians of Augusta, held on the 13th of November last, it was resolved that a committee of three be appointed to inquire into the origin and causes which gave rise to the epidemic in August, and Drs. F. M. Robertson, J. P. Garvin and P. F. Eve, were selected to perform that duty. "The principle which vitiated our atmosphere," says the committee, "was the cause of the disease; without which the epidemic could never have had an existence; and which did not require the introduction of foreign cases to produce an explosion. The torch had been applied before the introduction of foreign cases, and was silently, and unobserved by the multitude, performing its work of death and desolation."

Very many curious facts have been collected by the committee, which must be regarded as exceedingly valuable to those who are less conversant than themselves, with the character of the scourge which they have so clearly and ably investigated.

Vermont Academy of Medicine.—After a period of suspension in the course of annual lectures, which were given many successive years with

success at Castleton, Vt., a re-organization of the Academy has been effected, and a medical faculty created, as will be seen by our advertising page.

No one will presume to say there is any want of talent in the catalogue of instructors, since some of them are well known for their experience and ability to teach the several branches annexed to their names. The only query is, how it is possible for the State of Vermont to support two schools. That at Woodstock is considered well established—but we wish them both all imaginable success.

Secondary Smallpox.—A discussion is going on in the London Medical periodicals respecting the occurrence of smallpox twice. Some physicians, having never seen such cases, are disposed to doubt their occurrence, or at least to consider them exceedingly rare. It seems certain, however, that they do occasionally occur in Europe as well as in this country, as the following facts, related by the editor of the London Lancet, will show. If vaccination, therefore, is not *always* a preventive of smallpox, it may afford some explanation, if not consolation, to know that neither does that disease in all cases protect from itself.

“In the Würtemberg epidemic 634 persons were attacked by *true* smallpox; of these 39 had been affected by true smallpox at some previous period, being a proportion of 1 in 16. The nature of the first attack was determined, partly from the evident traces of confluent smallpox on the body, and partly from the testimony of the medical men by whom the patients had been attended. Fourteen of the thirty-nine fell victims to the second attack. In the epidemic described by Möhl, 153 out of 988 persons had a second attack of smallpox; 31 of the 153 died; here, however, the evidence of the first attack is far from being so precise as during the Würtemberg epidemic.”

Pituitary Body or Gland.—If the researches of M. Bazin be confirmed by other anatomists, the true nature of the pituitary body has at length been discovered. M. Bazin regards this body as a true nervous ganglion, and describes the various filaments which are in connection with it. The principal pass to the internal carotid artery, and join its flexus; others anastomose with filaments from the cavernous flexus. M. Bazin likewise has discovered connections between this (the cephalic) ganglion and the others which are already known, and in addition mentions one going to a ganglion on the first division of the fifth pair of nerves.—*French Lancet.*

Singular convulsive Disease affecting five Children in one Family. By ANDREW DEWAR, Surgeon, Dunfermline.—This paper adds another authentic chapter to the many histories of strange anomalous convulsive diseases already on record; and strikingly illustrates, also, the important points of the propagation of such affections by *imitation*, and of their cure by the old Boerhaavian remedy, *terror*. The disease was most judiciously treated by the removal of the children from their home; and they were all cured by keeping them separate there; by threatening them with the cold affusion, searing irons, &c., except the one originally affected, who required other means for her recovery.—*Edin. Med. and Surg. Jour.*

Economic Formula for Hydriodate of Potash. By WM. NICHOLS, M.R.C.S.—Rub together as much iodine and potass hydraz (the potassa fusa of the former Pharmacopœia) as will render the mixture almost colorless, and add as much distilled water as will make, together, say, two fluid ounces.

The chemical equivalents of the iodine and potassa would of course be the proper proportions, provided they could be obtained perfectly pure, which, in commerce, I believe to be seldom the case. I therefore choose to get my solution prepared as above, of an amber color, showing the iodine to be slightly in excess, and I afterwards add a few drops of the liq. potassæ, until the solution becomes perfectly colorless. By previously weighing the proportions of solid ingredients, the quantity of the salt in solution will be indicated; and as it is extremely soluble, it may be prepared so that each fluid drachm will contain a drachm of the hydriodate. —*Lancet.*

Medical Miscellany.—At 12 o'clock, Wednesday, January 22d, the annual meeting of the Trustees of the Massachusetts General Hospital will be held, in Allen street.—A second shipment of Dr. Morton's work on American skulls, is on the way to Boston, for subscribers at the North.—Mr. Combe, the phrenologist, is on his way to Buffalo.—Lectures on *physiognomy* are being delivered in this city—a revivification of the once popular doctrine of Lavater, that the character of an individual is exhibited in the face.—Twenty-one cases of smallpox and thirteen of varioloid have occurred in the town of Pepperell, Mass.; six persons, up to Wednesday last, had died; and it is supposed that the disease is on the increase in that region.—We understand that the new building for the Vermont Medical College, in Woodstock, is now nearly completed, and will be entirely finished in season for the next course of lectures. The site is one of the most beautiful that could have been selected in New England. The colonnade of the east front commands a delightful view of the village of Woodstock and the surrounding country. The chemical and anatomical lecture rooms, which are now finished, are probably as commodious as any in the country.—A recent instance is recorded in England, in which rabies was communicated through the milk of two ewe sheep to their lambs. The lambs were removed from the sheep in a fortnight after the latter were bitten by a dog laboring under hydrophobia, and a month before any symptoms of the disease were exhibited in the sheep. The lambs were seized about a fortnight later than the sheep.—Number of deaths the last year in Nantucket, with a population of about 10,000, 201, including 15 who died abroad. In 1838, the number was 186.

MARRIED,—In Whitingham, Vt., Daniel D. Wilcox, M.D., of Jacksonville, to Miss Dorothy Smead.

DIED,—In Putney, Vt., Dr. Alexander Campbell, 70.—In Dartmouth, Ms., Dr. Simon Winslow, 58.

Whole number of deaths in Boston for the week ending Jan. 11, 43. Males, 24—females, 19.

Of consumption, 6—smallpox, 13—old age, 1—infantile, 1—child-bed, 2—typhous fever, 1—croup, 1—teething, 1—scarlet fever, 1—lung fever, 3—intemperance, 1—burn, 1—disease of the brain, 1—suicide, 1—fits, 2—inflammation of the lungs, 1—diarrhœa, 1—cancer in the stomach, 1—dropey on the brain, 1—inflammation of the brain, 1.

VERMONT ACADEMY OF MEDICINE.

Lectures will commence in this institution on the second Tuesday of March, 1840, and continue thirteen weeks.

Theory and Practice of Medicine, by HORACE GREEN, M.D., N. Y. City.
 General and Special Anatomy and Physiology, by ROBERT NELSON, M.D., St. Albans, Vt.
 Chemistry and Pharmacy, by JAMES HADLEY, M.D., Fairfield, N. Y.
 Principles and Practice of Surgery, by JAMES RYAN, M.D., Philadelphia.
 Materia Medica and Obstetrics, by JOSEPH PERKINS, M.D., Castleton, Vt.
 Medical Jurisprudence, by RALPH GEWDEY, M.D., Middlebury, Vt.
 The fee for all the courses is \$50. Matriculation fee, \$5. Graduation fee, \$15.
 Castleton, Vt., Jan. 1840. J 15—LM JOSEPH PERKINS, Registrar.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
 WALTER CHANNING,
 JOHN WARE,
 GEORGE W. OTIS, Jr.
 WINSLOW LEWIS, Jr.

Oct. 31—eptf

SCHOOL FOR MEDICAL INSTRUCTION.

THE subscribers are associated for receiving pupils, and affording them every facility for obtaining a complete medical education. Their pupils will have access to the medical and surgical practice of the Massachusetts General Hospital, to the Massachusetts Eye and Ear Infirmary, and to surgical operations in private practice. Instruction will be given by examinations and lectures in the interval of the public lectures at the Medical College. Facilities will be afforded for the prosecution of practical anatomy. A room is provided with books, &c., for the use of the students.

JOHN C. WARREN,
 JOHN B. S. JACKSON,
 ROBERT W. HOOPEE,
 J. MASON WARREN.

Oct. 9—tf

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1840, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.
 Theory and Practice of Physic, by JOHN DELAMATER, M.D.
 Obstetrics, by EBENEZER WELLS, M.D.
 Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.
 Every person becoming a member of this institution, is required *previously* to present *satisfactory* evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance.
 Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me. Nov., 1839.

N 27—eop6t

P. CLEVELAND, Secretary.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of practical anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
 H. L. BOWDITCH, M.D.
 J. V. C. SMITH, M.D.
 H. G. WILEY, M.D.

Oct 9—eop

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price—in pocket-book form, \$1; in cloth binding, 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 52 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents.
 Dec. 11.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXI.

WEDNESDAY, JANUARY 22, 1840.

No. 24.

PROF. SCHULTZ'S EXPERIMENTS ON DIGESTION.

[Continued from page 372.]

EXP. 11.—A distinguished individual of this city desired to know if it was true, as is generally believed, that oysters are more easily and quickly digested, if a little cheese be eaten at the same time. I was aware how difficult it would be to institute experiments upon this question upon dogs, for these animals, even after having fasted 24 hours, will never voluntarily devour oysters, so that they must always be given to them by force. However, I learnt, from Exp. 5, that when dogs have once swallowed oysters, they digest them very easily, and do not vomit them, as one would expect, after so much aversion. I therefore procured two dogs of the same size, and apparently of the same age. Both were allowed to fast 16 hours, so that in every respect they were nearly similar, except in color, for one was black and the other white. They were fed, or rather the food was forced down their throats, at 8 o'clock in the morning. The white dog received eight oysters and a small piece of bread; the black, eight oysters, a piece of bread, and about $1\frac{1}{2}$ oz. of cheese. At 11 o'clock, or three hours after, both dogs were killed. In the white one, which had received oysters and bread only, I found $8\frac{1}{2}$ drachms of chyme of the usual quality, together with four pieces of undigested oyster, which, after washing with water, weighed $4\frac{1}{2}$ drachms; the whole of the contents of the stomach, therefore, weighed 13 drachms. In the other, which had eaten cheese with the oysters, there were $12\frac{1}{2}$ drachms of very viscid chyme, and three small, cartilaginous pieces of undigested oyster, which weighed 1 drachm 2 scruples; the weight, therefore, of the contents of the stomach of this dog was 14 drachms $1\frac{1}{2}$ scruple. The dog which had received the cheese had accordingly digested in the same time, and with the same number of oysters, 2 drachms 50 grains more than the one that had been fed with oysters and bread only. The chyme, also, in the stomach of the former, was much more acid than in that of the latter; upon this point my experiments upon the degrees of acidity in the alimentary canal may be consulted.

I now made some microscopic observations upon the manner of the dissolution of the fleshy fibres in the stomach and intestines of the dog.

EXP. 12.—Raw meat obtains at the beginning of digestion, a rough, ragged appearance, which is particularly distinct under water. This raggedness is soon dissolved from the larger pieces, and may afterwards

be found in the chyme. If a piece of the same be examined under the microscope, it is found that the muscular fibres do not separate from one another lengthwise, but remain together in large pieces. In fresh meat it may be seen, that the muscular fibres are articulated, and marked with fine transverse lines upon the spaces between the articulations. They are firmly connected at the sides, and are with difficulty separated from one another lengthwise. This connection remains during digestion, and the gradual solution takes place so that the joints separate themselves into pieces which become gradually smaller, and in this condition fall apart lengthwise. At last, these pieces dissolve into very small globular bodies.

Boiled flesh is easily separated into fibres lengthwise; the articulations of the fibres, and also the fine transverse lines, may be seen here, as well as in the raw flesh; it is, however, more condensed, and the fibres are thinner, than in the raw condition, as may be seen in the fibres of boiled veal, when compared with raw veal. The first change which takes place in the boiled flesh of the mammalia in the stomach of the dog is, that the muscular fibres separate themselves from one another lengthwise. Roasted meat is not so easily separated into single fibres, and this, together with their greater hardness, appears to be the reason why it is harder to digest. In proportion as the fibres separate themselves in this manner lengthwise, they also fall into pieces transversely, and assume the appearance of having been cut with a sharp instrument. The pieces of muscle are always at first so sharply edged, and for the most part remain so during their continuance in the stomach. In the duodenum, however, their edges become rounded, and the pieces appear to dissolve gradually, like a crystal in water, till at last a very small part only is left. The chyme in which they are found has a fine granular appearance.

The solution of boiled fish in the stomach of the cat takes place somewhat differently. The muscular fibres of fish are much larger than those of the mammalia and birds; they have also fewer articulations, and are more angular. They are strongly marked with longitudinal lines. These longitudinal lines are sometimes also to be seen in the muscular fibres of the mammalia; and, on the other hand, the transverse may be seen in the fibres of fish, though both cases happen but seldom. In the stomach of the cat, the fibres of fish separate themselves lengthwise from one another, and at first appear with broken edges. The further solution, however, is quite peculiar. At first, large transverse fissures, which often go as far as the middle, arise at the sides, at which the fibres gradually fall into small pieces. The fibres now begin to dissolve at the end, and in the direction of the longitudinal lines, into sets of large globules, which gradually separate from one another, and in this condition may be afterwards found in the chyme.

Exp. 13.—After I had obtained from the manner of the solution of the mammalia fibres, a sign of the degree of perfection of the digestion, I wished to know whether the disturbance of the digestion, which I had experienced in myself from drinking coffee after meals, could be explained by experiments upon dogs. I therefore gave a dog a little coffee,

with milk, directly after he had eaten several large pieces of meat. He was killed six hours after, and I found that the digestion had been delayed longer than usual; but in the manner of the solution of the muscular fibres, I perceived no remarkable difference. I now conjectured that the coffee was absorbed from the stomach, and that afterwards the digestion proceeded in its regular course. I therefore fed a dog with meat chopped very small, and gave him a little coffee, half an hour after. I killed him four hours after, and found that the greater part of the meat had gone over into the intestines, but little or not at all altered, and also that the unchanged fibres of meat, that could therefore have been little digested, were to be seen as far as the cæcum. In these the microscope could detect but few traces of solution, although in general the fleshy fibres disappear entirely below the ilium.

I will now detail the result of my experiments upon the relative digestibility of food in the stomach, and on the movements of the stomach.

The first chief result which is obtained from my experiments upon digestion is, that vegetable food is more difficult of digestion than animal, and raw animal more difficult than boiled. Connected with the more difficult digestibility of vegetable food, is its longer continuance in the stomach and cæcum than usual. The stomachs of ruminating animals are often not empty after five days fasting; in the rabbit much food is still to be found in the stomach after a fast of 24 or 26 hours; and in carnivorous animals, pieces of potato and carrot that were devoured at the same time with meat, may be found still unaltered, although the meat be long ago digested. Even bread is less digestible than meat, though of all vegetable food the easiest.

It may be asked how the longer continuance of vegetable food in the stomach is possible, as the peristaltic motion is as strong in herbivorous and omnivorous, as in carnivorous animals. An explanation of this is afforded by the different forms of the stomach. In all herbivorous animals the small curvature of the stomach is very small, and the œsophagus is inserted near to the pylorus, while the fundus, on the other side of the œsophagus, is very much extended. The large curvature, which includes the whole of the fundus, is, on the contrary, much more developed; and the pylorus itself is short in proportion to the fundus.

In carnivorous animals, on the other hand, the small curvature of the stomach is more developed in proportion to the large; the œsophagus is inserted nearly at the fundus, and the pylorus is, in proportion to the fundus, longer than in the herbivorous class.

If, now, the nature of the peristaltic motion of the stomach be more nearly considered, it will be seen to be very different in carnivorous and herbivorous animals. The motion of the stomach may be compared to the peristaltic motion of the intestines, since it consists, like that, of alternate contractions and expansions of the circular and longitudinal muscular fibres. The only difference is, that in the intestines this motion is on all sides uniform, whilst in the stomach the motion of the small curvature is less the shorter it is, and, on the contrary, the more extensive the large curvature is, the greater will be its peristaltic motion, so that in herbivorous animals, the motion of the small curvature may

disappear almost entirely. The difference between the peristaltic motion of the stomach and that of the intestines, therefore, will be the greater the more the small curvature is shortened in proportion to the large; and the more it is expanded, and, therefore, at the same time, the pylorus lengthened, the more they will resemble each other; for the pylorus itself has nearly one uniform expansion of its muscular fibres, and, in consequence, its motion, like that of the intestines, is on all sides uniform.

The motion of the stomach may, accordingly, be considered as defective, since it takes place only upon the large curvature, while the small is nearly motionless. It is evident that this partial motion will be greatest in herbivorous animals, and that in the larger proportional development of the small curvature, and lengthening of the pylorus of carnivorous animals, the motion of the stomach will be more similar to that of the intestines.

The different kinds of motion in the stomach have a very different influence upon the motion of its contents. In herbivorous animals, when the large curvature is chiefly put in motion, the food is moved only along the course of the larger, and at the smaller is nearly motionless. If, now, the food, as is generally the case in these animals—for instance, the rabbit—as long as it remains at the fundus, forms one consistent mass, it cannot otherwise happen, than that by the continued partial forward movement of this mass by the large curvature, it will revolve upon its axis in the direction of the peristaltic motion, and be pressed into a ball which takes the form of the floor of the stomach. All the contents, therefore, will not be moved forward towards the pylorus, but only that part which is changed into chyle at the surface of the ball, while the remaining part will continue to turn round in the fundus of the stomach. In this way the food in the stomach of herbivorous animals cannot go over into the intestines before it is quite dissolved, and this motion of the stomach is perfectly correspondent with the long continuance of the food in that organ. It is, however, very different in carnivorous animals. There the motion of the stomach is, corresponding with the quicker digestion, so arranged, that the rotatory motion of the food takes place either not at all, or at most but imperfectly; for the food at the small curvature is moved, although slowly, forward towards the pylorus, and, therefore, put into a more progressive motion.

The reason, therefore, why the food continues longer in the stomach of herbivorous animals is, that through the peculiar structure and motion of the stomach it is set into a rotatory motion, whereas, the progressive motion into which the stomach of carnivorous animals sets its contents, is correspondent with its quicker digestion.

That the omnivorous class stands in the middle between these two, is self-evident.

It appears of importance to remark, that in man, in the different states of health, the one or the other kind of motion may preponderate, and that the stomach may accordingly develop itself proportionately to the larger quantity of vegetable or animal food. The fundus will extend

itself when the vegetable diet preponderates, as may be seen in old dogs which have always been fed upon vegetables. In this case the digestion will proceed more slowly, and through the rotatory motion the food will be kept longer in the stomach; in the opposite case, on the contrary, the food will be soon removed from the stomach by its preponderating progressive motion. If, now, in the usual formation of the stomach of man, indigestible vegetable food be taken, it will, like digested animal substance, be quickly removed from the stomach into the intestines, and thereby produce a disturbance of the cæcal digestion.

I now proceed to speak of the act of vomiting, in the different forms of the stomach. The anti-peristaltic motion of the stomach bears the same relation, in the different forms of the stomach of carnivorous and herbivorous animals, to the evacuation of the food by vomiting, as the peristaltic motion bears to its further progress through the pylorus into the intestine. All those herbivorous animals in which a rotatory motion of the contents of the stomach takes place, either do not vomit at all, or with great difficulty; for the food is not urged by the anti-peristaltic motion towards the œsophagus, but merely set into a rotatory motion in the opposite direction, so that notwithstanding it be pressed upon all sides, it cannot be driven out. The animal vomits, therefore, with the greater difficulty, in proportion as the stomach is so formed, that its contents are set into a perfect rotatory motion, as in the rabbit, horse, &c. &c. It has been hitherto said, that horses are prevented from vomiting by the spiral valve in the œsophagus; but this valve can no more prevent the egress of the food than its ingress into the stomach, since its action in the anti-peristaltic motion is merely the reverse of that in the peristaltic, viz., that like the cardia, which is without valves, it alternately opens and shuts, and so, at every time of opening, allows the egress as well as the ingress of the food. The reason, therefore, why these animals during nausea cannot vomit, must be sought alone in the peculiar form and motion of the stomach.

On the other hand, vomiting takes place the more easily in proportion as the stomach is lengthened, and is in construction more similar to the intestines, for the food may then be driven towards the openings, either backwards or forwards, without being put into a rotatory motion. Hence, dogs and all carnivorous animals vomit without difficulty, and even in man this difference is remarkable, for children, on account of the similarity of their stomach to that of carnivorous animals, vomit easily, while, on the contrary, in older people, whose stomach resembles that of the herbivorous class, this process is more difficult.

Hillfield (*Experimenta Quædam de Venenis*, Goettingen, p. 50) was already acquainted with the fact that rabbits could not vomit. I have myself likewise endeavored to excite vomiting in a rabbit by a dose of two grains of emetic tartar. A quarter of an hour after nausea was produced, together with great disquietude and anxiety; however, the animal did not vomit. I have found, also, by a similar experiment, that the guinea pig, which has the same kind of stomach, is not capable of this process. These phenomena do not contradict the experiments of Magendie upon the action of the abdominal muscles during vomiting;

for where vomiting is possible, the motion of the stomach gives merely the direction to its contents in which they are to be thrown out ; vomiting itself is produced by the action of the diaphragm and abdominal muscles.

The rumination of ruminating animals appears to take place so that the food in the first stomach is not at all moved ; or at least not in a rotatory manner, for it is generally too fluid, or too little consistent, to be able to form a round ball. However, in this form, small quantities of the chymy mass are more easily pressed into the œsophagus by the action of the diaphragm and abdominal muscles. This process has been ably explained by M. Flourens.

(To be concluded next week.)

THE OHIO LUNATIC ASYLUM.

THE following account of the Ohio Lunatic Asylum is copied from the Superintendent's first annual report, and is interesting not only for the information it contains respecting this new and promising institution, but also from the fact that it was written by one of its convalescent inmates.

"The Ohio Lunatic Asylum was built at the expense of the State, and chiefly by the labor of convicts from the Penitentiary. It is a large brick building, consisting of a centre and two wings, and is about 300 feet long. The house occupies an elevated position, in an open space of ground fronting the south, and is distant about one mile east of the city of Columbus. To me, who have been accustomed to witness large buildings in different parts of the world, it seems bare and defenceless, and its appearance is associated in my mind with the ideas of nakedness and exposure. However, it is, I believe, the most eligible situation which could have been chosen, from its uniting the double advantage of proximity to a town, with the quiet retirement and free healthy air of the country. When seen from the public road it presents an imposing spectacle, with its massy pillars and extended wings, and bears on its front and throughout its general lineaments, evident marks of its being intended for no common purpose. The centre of the edifice is reserved for the use and convenience of the officers and domestics. It contains the doctor's office, the rooms and sleeping apartments of the superintendent and his family, of the assistant physician, steward, matron, and other functionaries or dependents, whose services are considered essential to the well being of the institution. The wings, with two rear buildings, are designed for the reception of patients, and are capable of accommodating between 120 and 140 persons. The east wing is allotted for the females ; the males occupy the west. Each wing contains three halls, all of which are now open and filled with patients. They are each upwards of 100 feet long, commodious and well aired, plentifully supplied with good water, and provided with a fine reading room, convenient wash room, and water closet. The sleeping rooms are comfortable and furnished with firm and portable bedsteads, with clean and suitable bedding, and every facility for health and comfort. To each hall is annexed a dining room of sufficient dimensions for accommodating 18 or 20 persons, and is fitted up with everything requisite for convenience and

utility. The rear buildings, or *lodges* as they are called, among other purposes are used for the reception of those patients whose excited and irritable state may render it necessary both on their own account, and for the safety and comfort of others, that they be kept in solitary confinement.

"The basement of the centre contains the kitchen, in which the victuals are prepared, and from which they are transported to the respective dining rooms of the patients above, on a kind of portable cupboard, in an expeditious and safe manner. The kitchen is well contrived, and provided with the necessary cooking apparatus, and its operations are so arranged and timed as to supply in the same instant with its viands the different waiters that have been handed down, and which after they have received their appropriate deposits are drawn up to their appointed places, when, as it were by a simultaneous movement, females and males, in their respective dining rooms, take their proper seats, and begin and finish their regular meals, much about the same time. The ringing of a bell announces the degree of forwardness in which these things are moving; and when all is ready, each patient proceeds to the seat which has been regularly assigned to him. The table is generally supplied with an abundance of food, and of a good quality, which the patients seem duly to appreciate by the relish with which they discuss its merits, and by the sudden havoc which is made amongst its various dishes.

"The present number of patients, of both sexes, does not, I believe, exceed one hundred and ten or twelve. The males are the most numerous. They have been all properly classified and divided among the different halls, according to the symptoms of the mental disease or nervous disorder with which they are respectively afflicted; or according to certain distinguishing features of the various complaints; or for reasons best known and understood by the superintendent. In the hall in which I am located, there are 18, who, with the inmates of the other halls, as far as I can perceive, are tended with all possible care and humanity, and no pains are spared, and no means left unemployed, which may make their situation comfortable and agreeable. There is no unnecessary restraint imposed; no tyranny exercised; no undue severity used; no unbecoming punishment inflicted. They are treated with a mild, yet becoming firmness—but should any one evince an unruly spirit, or be guilty of any glaring or mischievous infringement of the rules of propriety, or so far forget the respect which is due to himself and others, as to indulge himself in any improper prank, and act so as may be injurious to himself or to those around him, or make the atmosphere in which he moves too hot for himself and for others with whom he comes in contact, he is either confined to his own room, or perhaps conducted to the shower box, where water is admitted upon him from a cistern above, in such copious streams as may cool his blood down to a degree of temperature sufficient for enabling him to reflect on the impropriety of his conduct, and to train him for again becoming a harmless member of society.

"Medicine is served out three times daily and at stated intervals, from

small cups on which the name of the patient is labelled, suited in its nature to each particular case, and fitted to relieve pains—to compose the spirits—to stimulate the lethargic—to repress the superexcited—to purge the costive—to strengthen the weak—to whet the appetite—to fill up the emaciated form, and to produce some good effect upon all who may partake of it. In this place they do not appear to countenance the at one time commonly received opinion of having recourse to violent measures, or going to extremes in the treatment of their patients; nor to act upon the principle of almost starving and bleeding to death, the unfortunate being who is subject to mental imbecility, or bereavement of reason. Here the virtue lies in the cup, the remedy in the medicine, which if faithfully administered to any one, who has the smallest spark of reason, the slightest semblance of mind, or vestige of intellect, will, I believe, under God rekindle the almost extinguished embers of the soul, convert the shadow into some tangible mental consistence, and gradually strengthen and confirm the intellectual powers. Here, a patient as soon as he can comprehend the nature of his situation is treated as an intellectual being, is indulged in every reasonable request, has every proper wish gratified, is willingly provided with everything that may minister to his wants or amusement, and which his circumstances may require. He has access to books and newspapers, or is employed in some office or other which may conduce to his own pleasure, or be of service to the institution. He is not unfrequently allowed to walk about the premises, to take exercise in the open air, to ramble in the woods and even to attend church, though it will be understood that he is generally under the eye of a careful attendant.

“Every hall is supplied with an attendant whose office consists generally, in administering medicine, in preserving order, in seeing that the house and furniture sustain no injury, that the floor and rooms be kept perfectly clean, that every patient, who is able, make his own bed and keep his room in good order, that he wash and keep his person neat and clean, that he is regularly shaved twice a week and provided with a change of linen for his person, and sheets for his bed, at least once a week, &c. It is his duty likewise to have the table covered in due time, to draw up the waiter, carve the meat and serve out the food—to preside at the table and see that good order and decorum be observed, &c. &c. He occasionally, at the suggestion of the superintendent, will walk out and take exercise with one or more of the patients in the open air. To him is entrusted the clothing of the patients should they be so fortunate as to have more than is necessary for their daily use and wear; these he keeps in a separate room for the purpose, and serves them out as they are required. It is also his duty to lock up every one in his own room at bed time and awaken them in season in the morning, and to shower them occasionally as a means for health, or as a punishment for misconduct. It is an office for which few comparatively are well qualified, though it may require no great intellectual endowment, or mental attainments; still it needs a strong mind, a firm nerve, and a stout heart.

“The medical and surgical duties are discharged by Dr. Chambers, a

young gentleman whose urbanity and good humor favorably impress the patient in his behalf. He usually accompanies the superintendent in his regular visits through the halls, and prepares the medicines that may be prescribed. I am not personally acquainted with the steward and matron, and other functionaries connected with the institution, and of consequence can say little or nothing concerning them; but from their reputation, and the discrimination and care used in all the appointments, I am induced to believe they are persons eminently qualified for their respective stations. The whole seems to be under the direction and control of the Superintendent, who appears to manage the institution, and all that are in it, according to some definite and systematic design, and who in addition to his usual routine of professional and other duties, assembles all the official inmates of the house and as many of the convalescent patients as are considered capable of attending and conducting themselves with propriety, in the large room of the centre building, on every evening after supper, when family worship is conducted by him in a becoming and appropriate manner. On the Sabbath a plain practical discourse is read in addition to this service, which is well received and calculated to interest and instruct the audience. All these exercises are observed and engaged in with a decorum and propriety befitting the occasion; in short, so far as I have observed and am capable of judging, matters are as they should be. The internal arrangements are such as to reflect credit on those who preside over the institution, and to accord with the views and expectations of its friends.

"The patients in general are reconciled to their condition and appear happy and contented, and in the intercourse which they hold with each other, and in the manner in which they employ themselves, soon in a measure forget the endearments of kindred and of home, form new ties and contract new acquaintances. And here I cannot but admire the wisdom and goodness of God in attempering man to his condition and in enabling him to educe some enjoyment from every situation in which he may be placed; for I perceive that however foolish, absurd and inconsistent a person's own conduct and ideas may be, he can nevertheless enjoy himself at the expense of his neighbor, perceive the folly of his foibles, and derive amusement from his eccentricities; so that what betwixt singing, whistling, and dancing, reading and speechifying, the time passes merrily and gaily away, and to a person like myself who had (before I was brought here) experienced the horrors and almost solitary confinement of a county jail, the place seems a paradise in which one might live with pleasure and leave with regret.

"The institution is yet in its infancy, and evinces palpable traces of its recent existence, but it is daily multiplying its resources and extending its facilities for doing good. By the time its projected improvements are completed, with its circular walls, shady trees, neat enclosures, and other external decorations, which occasion may suggest, or taste and ingenuity may devise, it will, I think, stand as a lasting monument of the wisdom and beneficence of the legislature, and afford to many an excited and sensitive mind, a safe asylum and a pleasing retreat from the cares, the disappointments and turmoils of life—a place in which, for a while

secluded and partaking of the sanative virtues which it is calculated to impart, many may emerge, with renewed vigor and resuscitated strength, with their mental faculties so confirmed and balanced, as shall enable them to sustain with a becoming firmness the irritable vicissitudes of life, while they discharge its duties and participate in its pleasures—and a place, I hope, consecrated by the prayers, the best wishes and highest regards of those who shall drink of its healing streams. Peace be within its walls, and prosperity within its habitations.”

SMALLPOX.

[Communicated for the Boston Medical and Surgical Journal.]

Look at the journal of Dr. Huxham, from 1728 to 1748. His residence was at Plymouth, Eng., seven degrees more northerly than Boston, and in a climate like to ours. His observations extend (I believe) only to natural smallpox; and we find that during those twenty years, his monthly account of the disease may be stated as follows. In January it occurred 11 times; and 9 were favorable. In February, 13 times; all mild. In March, 12 times; all mild, except in 1741, when they were combined with fever of a bad type. In April, 15 times; all mild, excepting in 1741. In May, 12 times; all mild, except in 1741 and 1744. June, 10 times; severe in 1731, and 1741. In July, 12 times; very bad in 1730 and 1741. August, 15; bad in 1729, 1730, 1740 and 1741. Sept., 14; severe in 1729, violent in 1741. Oct., 13; very bad in 1729 and in 1742. Nov., 11 times; very bad in 1729 and 1745. Dec., 11 times; epidemic in 1729, very bad in 1734 and 1746. I believe his journal was continued, but never printed.

In Boston, records, probably nearly correct, have been handed down to us of results in 1721, '30, '52, '64 and '78. At the hospital in Mendon, 1777 and 8, from two to three hundred were inoculated; fatal cases, two adults and one infant. Thatcher's Biography tells us that Dr. Loyd, in 1764, inoculated 500 patients. Drs. Bulfinch, Jos. Warren, Gardner and Perkins, had their hospital at Point Shirley. In August, 1776, Dr. Thatcher, surgeon of Col. Whitcomb's regiment, then in Boston, inoculated 500 men; all did well, save one black. In 1776, Drs. Hayward, Rand, Davies, Aspinwall and Warren, had 2000 patients. In 1791, April, Thatcher's Journal says, "all the soldiers at the Highlands, near West Point [p. 250], with the women and children, liable to infection, had it. The old practice of previous preparation by a course of mercury and low diet, was laid aside. A single dose of jalap and calomel, or the ext. of butternut, is generally administered after inoculation." In 1782, Dr. T. inoculated 250, including women and children; their accommodations were not such as their circumstances required, and their diet was unfavorable; a considerable number were seized with putrid fever, and some of them died. At the close of the Revolutionary war, Dr. Aspinwall commenced inoculation, built a temporary hospital, and with little intermission had many patients till vaccination.

About 1788 other veterans in practice inoculated in Watertown, Newton and Lexington ; and a gentleman now living, who was an active assistant, has told me an unusual number of the cases were fatal. A highly respected physician, who had a belief that mercury was injurious to all of his name, sent a very promising youth, his son, to be inoculated ; but with an earnest request that no mercurial preparation should be given to him. It was not heeded, and he sunk under the disease, or the usual treatment.

When inoculation occurred in 1792, those patients under my care, who made up my first class early in the autumn, after a healthy summer, had the disease kindly ; some in the following class suffered more. I think that nearly all the physicians then active in the business had loss of patients from 2 to 10 per cent.

In London Smallpox hospital, it has been reported that the patients, after being inoculated, were allowed to pass and re-pass those who lived in the same part of the city, till the symptoms of infection began to appear ; and that then, and not till then, they were required to repair to the hospital, till their death or recovery. As cases of natural smallpox were soon after noticed, the hospital was their asylum also, and we are justified in apprehending that they caught it from those who had been inoculated.—By omitting to publish the number of deaths from inoculation annually, or oftener, “are we not guilty ?” and do we not injure our cause ? Too few of us are willing to publish the history of unfortunate cases. By withholding them do we not injure the common cause as much as we should advance it by publishing the successful result of extraordinary cases ? Is it not true that some junior practitioners, losing sight of common sense, place implicit faith in the dogmata of their favorite instructors and books, and make mischief for want of that knowledge which they might derive from unsuccessful cases, held up as beacons to them ? The mistakes of the most celebrated practitioners ought to be the more canvassed, as their authorities are sometimes dangerous precedents.

TIMOTHY L. JENNISON.

Cambridge, Mass., January 18, 1840.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 22, 1840.

MR. GEORGE COMBE.

WE are confident that Mr. Combe, who has recently left our city, will long be remembered with much pleasure by those who have had an opportunity of listening to his instructions. During his recent visit he delivered a course of lectures on the principles and application of phrenology, at the chapel in Phillips Place. He then gave a course of three lectures at the Odeon, on the application of phrenology to the important business of education. He was attended in both places by a numerous, highly respectable and intelligent audience. The lectures of his last course were

thought so highly of, by the friends of education, that they induced him to repeat them before the Boston Lyceum. We understand that they were also repeated at Salem, Lowell and Worcester. He also delivered an eloquent address before the members of the Boston Phrenological Society, on the evening of the anniversary of the birth of Spurzheim, which we are happy to hear is to be published at the request of the gentlemen to whom it was addressed.

There appears to be but one opinion concerning Mr. Combe's lectures, and that bears witness to the gratification and instruction derived from attending them. Though many of his auditors do not profess to be phrenologists, they all agree that the object of his labors is a highly important one, and that his manner of teaching and illustrating it, is interesting and impressive.

We were much pleased with Mr. Combe's manner of lecturing. He makes no attempt at flowery eloquence; his object is the clear and simple exposition of important practical principles; his facts are well chosen, and closely and logically connected; there is no straining to convince, no desire to make blind proselytes; he shows that he has full confidence in the strength and dignity of his subject, and his auditors cannot fail to be convinced that the great principles he teaches are not the offspring of a heated imagination, but the fruit of a close observation of nature and legitimate induction. His efforts in the cause of education are of great value, and must eventually lead to many important reforms, and every friend to the moral and intellectual improvement of his fellow beings must wish him success in the great labor in which he is engaged. His endeavors to place the arduous and responsible duties of the teacher in their true light, cannot fail to meet the approbation not only of those who are engaged in the important cause of education, but of every philanthropist.

He sets forth in a very strong light the great importance of physical education, by explaining and illustrating the truths and consequences involved in the grand principle that in this life the mind depends for its manifestation on the brain, and that consequently our mental improvement and welfare are greatly involved in the perfection of our corporeal organization. He shows that too much attention cannot be paid to the proper development and the preservation of the health and vigor of the different organs of the body.

The writings and lectures of Mr. Combe have done much to extend our knowledge of the mind, its laws and its adaptation to external things, and the clear and simple exposition he has given of them in his work on the "Constitution of Man," will be a lasting monument to his fame.

As republicans we are especially interested in the physical improvement of mankind, and the wide diffusion of moral and intellectual culture. The citizens of a republican government have the same interest in the education of the great mass of the people, that the citizens of a monarchical government have in the education of their sovereigns. With us the people are the sovereigns, and their voice is law. How important, then, is it that it should always speak the sentiments of an enlightened and sound morality. It is evident that the most efficient means to bring about this desirable result is to train the rising generation in the daily acquisition of moral and intellectual knowledge, and the practice of virtuous self-control. In this field of labor the services of Mr. Combe have been of great value, and we have no hesitation in saying that he has been the means of diffusing principles which will prove a blessing to generations yet unborn.

Sounds of the Heart.—Drs. Pennock and Moore have recently made some very interesting and important experiments upon living animals, for the purpose of settling more definitely this intricate subject. Sixteen experiments were made, by opening the cavity of the thorax after the animals were deprived of sensation by blows upon the head. The following are the results, in a condensed form.

1. The impulse is synchronous with and caused by ventricular contraction.

2. The blood is ejected from the ventricle by an approximation of its sides; the heart, during systole, performing a spiral movement, and becoming elongated.

3. The ventricle contracts and auricle dilates simultaneously—occupying about one half of the whole time required for systole, diastole and repose. The diastole of the ventricle succeeds immediately upon the termination of the systole; and at the same time the auricle allows, without evident muscular contraction, a part of its blood to run into the ventricle. This occupies about one fourth. During the other fourth, the ventricles rest; and towards the end of this period the auricles contract actively with a short motion, which is propagated to the ventricles, and systole begins.

4. Perfect repose of ventricles, from end of diastole to the beginning of systole—their cavities being full.

5. The sounds are caused by the motions of the heart, and of its contents, and not by the impulse upon the walls of the chest, according to Magendie's theory.

6. Sounds most distinct when the muscle is thin.

7. The first sound may be caused by a combination of the contraction of the auricles, the motions of the auriculo-ventricular valves, the rush of blood through the ventricles, and the sound of muscular contraction.

8. The second is caused exclusively by the motion of the semilunar valves of the aorta and pulmonary artery, chiefly of the former. It is synchronous with the diastole of the ventricle.

From these experiments our readers will perceive that our knowledge of the morbid phenomena are probably destined to remain considerably embarrassed by the multitude of data upon which the first sound of the heart depends. The second sound, however, is more certain, and invaluable results may be obtained by examining particularly for any deviation of it from health.

It will be perceived, likewise, that the experiments of Dr. Pennock confirm, entirely, the results laid before the British Association. For a more thorough examination of them we refer to No. 44 of the Philadelphia Medical Examiner.

Pneumonia of Children.*—Chap. V. "In a large majority of cases, pneumonia supervenes in the course of a prior affection, especially in children *æt.* 2—5 years. Of 40 such patients, only three were in health at commencement of pneumonia. Of 20, *æt.* 6—15 years, only six were then in health; the others had measles, smallpox, typhoid fever, whooping cough, gangrene of the mouth, &c.

"Of 60 patients, 40 were *æt.* 2—5 years; 20 were *æt.* 5—15: the pro-

* Treatise on Pneumonia of Children, by MM. Rilliet and Barthez, resident Pupils in the Hospital for Sick Children, Paris; founded on 94 cases observed in that hospital in 1837. Translated by R. Parkman, M.D., &c., of Boston, for Dunglison's American Medical Library.

portion is even greater, as beds for the older children and admissions there are much more numerous. Mr. Haese's Pathological Anatomy, in 108 dissections, presents 71 pneumonias of children *æt.* 2—5 years, and 37 in children *æt.* 6—15.

"In children *æt.* 2—4 years, cough always appeared at least a week before inflammation decidedly commenced. In many cases error is easy; we ought to suspend diagnosis till after some days' examination.

"Pneumonia is the more dangerous, in proportion to patients' youth, as also appears by researches of MM. Valleix and Vernais at the Foundling Hospital. The first species, our predecessors and we, found always fatal, except one case. Of 81 secondary cases, 77 were fatal. At an advanced period of the malady, when smallness of pulse has been noted, death has not failed in a few hours, or two days at utmost. Cessation of cough, chilliness of extremities, purpleness of face, coincide, ordinarily, with this smallness.

"Although of some advantage in idiopathic or primitive pneumonia, the utility of bleeding appears restrained within very narrow limits. In complicated pneumonia (which is nearly always fatal), it fails to produce any sensible modification. M. Blache's observations on pneumonia complicating whooping cough, M. Baudin's on the disease after measles, and many observations in journals, show immense proportion of mortality, and complete inefficacy of bleeding.—M. Becquerel, who observed in a service where bleeding was solely employed, saw no recovery in pneumonia complicating a pre-existing affection.

"Many cases are published, entitled 'cure by tartar emetic.' In nearly all, bleeding was employed in concert.—The cases published of employment of antimonial powder (*w. ox. of antim.*) in pneumonia of children, do not contradict our results. In many we discover no influence of the antimony on the pulse, respiration or inflammation; in many, where its influence is vaunted, it seems impossible to decide whether amelioration was due to antimony or nature.

"The first signs of amelioration appear in nearly all cases from 7th to 9th day, whatever be the treatment. This proves that pneumonia has a period of increase, which it must fulfil; that medications are powerless in arresting its ascent. Where no treatment has been employed, amelioration has not been less manifest at this period."

Cold Plague of Texas.—A writer, residing at Houston, under date of Oct. 31st, gives a graphic account of the late epidemic at Texas, which proved extremely fatal. The mortality was greatest among the dissipated and worthless. Many, however, who deserved a better fate, died for want of nursing and the common comforts of life. In the month of September, the deaths were supposed to have averaged, in Houston, four or five a day, in a population of 12 or 1500. But very few females died—their habits being generally better than those of an equal number of men, gives them a better hold on life during the prevalence of any epidemic. Children almost wholly escaped. The disease was thought to differ essentially from the yellow fever. In the most marked cases, there was but little febrile excitement. The seat of the disease seemed to be the stomach, which would not retain medicine. By common consent the malady was called the *cold plague*. Dr. Edmund R. Anderson, an estimable man and physician, died a martyr to extreme professional zeal. The writer considers Texas as healthful a country as any in the same latitude, in any part of the globe.

Dr. Gallup's Medical Writings.—It must be gratifying to this gentleman to have his writings sought for, as they are beginning to be, by those who appreciate the labor through which he has passed in collecting the materials of three excellent volumes. It is thought by some, without any intention of undervaluing the last work, that his history of the spotted fever, written about twenty years ago, will hereafter be considered the most prominent and important of anything this veteran physician and medical philosopher has ever given to the public. We hear that Dr. Gallup is now in feeble health.

Dr. M. R. Fletcher's Truss.—A diploma was granted by the Charitable Mechanic Association to Dr. Fletcher, for his ingenuity in the construction of the truss, now so extensively known as his invention. The committee perfectly coincide with some of the most eminent surgeons of New England, in believing it a superior instrument.

Medical Miscellany.—Cases of smallpox have appeared at Chicago, and some alarm created.—The epidemic which proved so fatal for some time at Tampa Bay, has wholly subsided.—The Censors of the first medical district, in this State, will meet at No. 29 Winter street, on Wednesday, January 29th, for the transaction of business.—The National Medical Convention, which met at the city of Washington on the first of January, referred the subject of the revision and re-publication of the United States' Pharmacopoeia, to a select committee. Some other business was transacted.—Dr. Thomas Williams, of the naval hospital, at Norfolk, has been appointed fleet surgeon of the Mediterranean squadron, in place of Dr. Ticknor, who resigned.—Mention is made of an unusual mortality in the New York Almshouse.—Smallpox has appeared on board the ship Independence, just arrived at Montevideo.—Dr. G. W. Cook has been elected Mayor of Hudson, N. Y.—Quite an excitement has existed at Worthington, Ohio, in consequence of one or more dead bodies having been taken from their graves, as was suspected, by some one in the employ of the Reformed Medical College (so called) in that place.—An appropriation of \$22,000, for the establishment of a State Lunatic Asylum, recently made by the Legislature of Pennsylvania, has been vetoed by the Governor, on the ground that the State treasury is in too low a condition to warrant the expense.—The number of cases reported by the physicians of the Lowell Dispensary, as having been under treatment during the last year, is 94, of whom two thirds were foreigners. Recovered, 56; died, 14.

TO CORRESPONDENTS.—The communications of Drs. Flint, Barker and Clough, were duly received.

MARRIED.—In Braintree, Dr. John A. Cummings, of Boston, to Miss Sarah E. Thayer.

DIED.—In Lewes, Del., Dr. Simon K. Wilson, 44.

Whole number of deaths in Boston for the week ending Jan. 18, 38. Males, 21—females, 17.

Of consumption, 6—smallpox, 4—rheumatic fever, 1—dropsy on the brain, 2—dropsy, 4—lung fever, 5—croup, 3—debility, 2—teething, 1—old age, 1—infantile, 2—child-bed, 2—fits, 1—inflammation of the bowels, 1—inflammation of the lungs, 1.

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.
In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—"I have carefully examined the new *Uterine Truss* invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the *Uterine Truss* contrived by Dr. Hull, and is, in all respects, a far superior instrument."

See, also, "The Western Journal of Medical and Physical Sciences."

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that "every word of Dr. Eberle's opinion is true." Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated 18th May, 1837.—"Dr. Thompson will be pleased to show you a *Uterine Truss* which he has invented, of very superior structure to anything we have."

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated Columbus, Jan. 10, 1838.—"Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally."

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$10.

June 12—17

VERMONT MEDICAL COLLEGE.

THE next annual course of Lectures at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by DAVID PALMER, M.D.

Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.

General and Special Anatomy and Physiology, by ROBERT WATTS, JR., M.D.

Principles and Practice of Surgery, by GILMAN KIMBALL, M.D.

Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

Pathological Anatomy, by ROBERT WATTS, JR., M.D.

Demonstrator of Anatomy, SAMUEL W. THAYER, JR., M.D.

Terms for the course, \$50.—Graduation, \$18.—For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

Woodstock, Vt., Jan. 3, 1840.

By order of the Board of Trustees,
J. S.—*seoptm*15

N. WILLIAMS, Secretary.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

Boston, Nov. 20, 1839.

ep1meo6m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXI.

WEDNESDAY, JANUARY 29, 1840.

No. 25.

PROF. SCHULTZ'S EXPERIMENTS ON DIGESTION.

Concluded from page 382.]

I MUST now speak of diseased excitement of the motion of the stomach. There is another circumstance which causes a morbidly quick motion of the food from the stomach into the intestines, namely, too great fluidity. We have already seen, that the food, corresponding to its time of continuance in the stomach, becomes more or less consistent. This happens, also, with liquid articles of food, for milk is changed in the stomach of calves into a cheesy lump of almost stony hardness, from which all the whey has disappeared. In milk this is caused, evidently, by its speedy coagulation, and the absorption of the whey by the vessels of the stomach; and in other liquids which are not coagulable, by the simple absorption of their fluidity. It must not be supposed that watery food is in itself hurtful to the digestion, for its fluidity is absorbed and the solid matter remains behind. However, there are fluids which, from their stimulating or indigestible qualities, either always, or only under certain circumstances, quicken the motion of the stomach so much, that the fluidity cannot be absorbed before it, as well as the solid parts, are removed from the stomach without being digested. This, it appears to me, is the cause of the prejudicial effects of milk, raw eggs, coffee, &c., which I have observed, partly upon myself and partly upon animals.

Milk, particularly in weak stomachs, quickens the motion of that organ so much, that even before it is coagulated it disappears through the pylorus. The digestion of the food with which the milk is taken will hereby be disturbed, and as it goes mostly undigested into the intestines, will also cause a disturbance of the cæcal digestion, which will be followed by diarrhœa. The action of beer, particularly only half-fermented beer, is similar.

The same is the case with the raw yolk of eggs, the nourishing properties of which I do not dispute, but merely maintain, that in weak stomachs it is hardly digestible. Hard-boiled eggs are more easily digested than raw, as they do not excite the motion of the intestines.

The effects of cold water are also similar. However, here it is not the water, but merely the cold which improperly affects the motion of the stomach, for in weak stomachs hot water always produces the most beneficial effects.

Of all fluids, the prejudicial action of coffee is the greatest. The carbonization of a part of its oil during roasting, appears to be the cause of

this property. It is not merely itself indigestible, but also makes all other food with which it is taken, likewise indigestible. From its stimulating properties the motion of the stomach is so greatly increased, that its whole contents disappear before they are digested. This, in the healthy state, and when the stomach is overcharged, may relieve those complaints which are mechanically produced by the distention of the stomach, and it has therefore been generally thought that coffee promotes digestion. However, in fact, it disturbs it, and can only cause a momentary relief, which is presently followed by a greater evil, namely, a disturbed *cæcal* digestion. It is evident that coffee taken in the morning, when the stomach is empty, cannot have this effect, for it can only go quickly through the intestines to the already digested excrement, without disturbing the digestion of other food.

There still remains something which requires illustration, namely, how the stomach of amphibious animals and fishes, which is nearly uniformly extended on all sides, or at least whose small curvature is but little shortened, can detain its contents so long as is usual in these animals. The reason of this may be easily perceived if we consider that the peristaltic motion is here so slow and weak, that it is hardly to be recognized, and has been, indeed, altogether denied by several naturalists.

The degree of digestibility of meat is different, according to the way in which it is prepared, and also according to the different animals, and the parts from which it is taken.

Roasted meat is harder to digest than either boiled or raw. Its more difficult digestibility is probably caused by the partial carbonization and hardening of its muscular fibres, which even after separation from one another, go over into the intestines mostly unchanged, while the fibres of boiled meat are entirely dissolved. That according to the degrees of roasting, gradual approximation to boiled meat may take place, is self-evident.

Smoked or salted meat, such as ham, is easier to digest than roasted, and harder than boiled meat. To preserve the meat from spoiling, it is saturated with the carbon of the smoke, and is rendered the more indigestible the more it is smoked, and in consequence dried. All substances which are used for the preservation of meat, render it, at the same time, indigestible, as it thereby becomes less soluble, for the most easily decomposable meats are in general the most easily digestible. Fat, particularly when surrounded by cellular tissue and thoroughly smoked, is still less digestible than roasted meat.

Cheese, new as well as old, is nearly as digestible as boiled meat; nevertheless, its peculiar volatile part brings much foreign matter into the blood, which strongly stimulates the secreting organs, and gives rise to various complaints of the bladder. I have found that the flesh of the lower animals is in general harder to digest than that of the higher classes, and the easiest of all is the flesh of the mammalia and birds. Fish boiled, as well as salted, such as salmon, herring, &c., is harder to digest than the roasted flesh of the mammalia, and roasted and salted fish more so than boiled. The flesh of the crustacea, as is shown by my experiments upon crab's flesh, is still more indigestible and injurious,

and is not in the least altered, even when the roasted meat begins to be digested. This explains the fact that fish and crustacea require very healthy digestive organs to be digested; and very easily excite intermittent fevers in people who are a little disposed to disease. I am acquainted with an example of this in the village of Binnenwalde, near Rheinsberge, where, during autumn, a great many people were afflicted with an intermittent fever every Wednesday and Saturday. Upon further inquiry, it was found that, at this season of the year, the Tuesdays and Fridays were employed in fishing, and that most of the inhabitants ate fish in the evening or on the following day. With the changing of the day for fishing, the day upon which the fever broke out changed also; and when I explained to the people the effects of fish, and the sickly ate no more, the fever became more rare, and at last ceased entirely.

The violent fits of illness which in many people follow the eating of crabs, &c., and even the poisonous effects of certain fishes, appear to arise from their general indigestibility.

Oysters are the only exception to the indigestibility of the flesh of the lower animals. Nevertheless, that there is a certain similarity between them and fish, is shown by their frequent poisonous effects. It is also not known whether the oysters are really quickly digested, or whether, from an excitement of the motion of the stomach, they go speedily through the intestines, either partly or wholly unchanged. This is the more probable, as in many people they are apt to produce diarrhoea. The oyme, also, of oysters is much less acid than that of meat.

The boiled flesh of fowls and pigeons I found was easier to digest than boiled beef or veal. In general, the flesh of young animals, especially veal, appears to excite the motion of the stomach, and by causing diarrhoea, to render its digestion less perfect than that of the flesh of full-grown animals. I have not observed any difference in the digestibility of the lean parts of mutton, pork or beef, although pork and mutton are generally less digestible, on account of the larger quantity of fat which they contain.

In all these different sorts of meat I have observed that their digestibility is much promoted by a perfect distinction of their living principle, by allowing them to hang in the air more or less time, according to the season of the year. I have often seen in cats and dogs, that the flesh of old animals, boiled perfectly fresh, is as indigestible as when eaten raw, and in man, also, with a weak digestion, the same difference in the digestibility of fresh and stale meat may be observed. The flesh of domestic animals, by becoming a little stale, is more easily digested, and is then, also, more digestible than that of wild animals. Among these latter, venison and wild boar are hardest to digest.

In general, it may be inferred from my observations, that it is of great importance to establish a difference between the digestibility and nourishing properties of food, since very nutritious but indigestible substances, such as smoked and roasted meat, are often more injurious than such as are less nutritious but easily digested, as the finer vegetables, spinach, asparagus, &c.

On the other hand we must not determine upon the digestibility, or at

least the nourishing properties of food, from the feeling of facility with which it is removed from the stomach. All those kinds of food which, by strongly exciting the motion of the stomach, go quickly into the intestines, may be easily borne by the stomach, but are very imperfectly dissolved, and at last are followed by all the consequences of disturbed digestion. They afford the body, therefore, only a very small quantity of digestible matter, and are again excreted mostly unchanged. On the contrary, there are other kinds of food which, on account of their long continuance in the stomach, appear for the moment to be hard to digest, yet are nevertheless perfectly digestible, and never followed by bad consequences upon passing into the rest of the intestines.

There are, therefore, really indigestible substances which, under certain circumstances, and taken in moderate quantity, are easily borne by the stomach, for instance, oysters, milk, eggs, coffee, &c.; and there are, also, substances easily digestible, which sometimes appear to be less easily borne by the stomach, as is sometimes the case with boiled meat, particularly when taken in large quantities, which, on account of their perfect chymification, always remain longer in the stomach.

SIR B. BRODIE'S CLINICAL REMARKS ON MORTIFICATION.

INFLAMMATION may terminate in mortification, but mortification may arise from a number of other causes, as well as inflammation. Some particular inflammations are more likely to terminate in mortification than others, as when they are produced by the bites of venomous reptiles or from wounds. A local injury may bring on inflammation, and this may bring on mortification; but an injury may be so great that the part which receives the injury loses its vitality at once, therefore local injury may bring on mortification in two ways; first, by producing inflammation, and then the inflammation terminating in mortification; and secondly, by destroying the vitality of the part at once. Some parts of the body are more liable to become mortified than others. These parts are the cellular membrane, because it has a lower vitality than some other parts; therefore it is more disposed to become mortified than the skin, because it has less vitality. The skin more readily mortifies than the muscles, for the same reason; this is often proved from the effect of blows on, or fractures of, the leg and thigh. The integuments swell up, and after a day or two, you will feel an emphysematous crackling beneath the skin when you press upon it. Now, in such a case, if you cut down upon the cellular membrane beneath the skin, you will find it dead. Not only are some parts of the body more disposed to mortify than others, but there are some constitutions which are more predisposed to take on mortification than others. Those who are addicted to drinking ardent spirits; those whose constitution has been shattered by repeated attacks of disease, or indulgence in vicious habits, are more prone to mortification after the receipt of a local injury, so much so, that in all such cases you will find that the effect resulting from the injury is beyond all proportion to its cause. If any fluid, as

unise for instance, gets into the cavity of the peritoneum; it brings on inflammation; but if it gets into the cellular membrane, you will find that mortification will come on; will find the patient's pulse will be full and frequent, and not hard, as you might expect in inflammation, and that the part is swollen. You put your hand over it, and you feel, as I have before said, an emphysematous crackling upon making slight pressure; the skin is hot, and if the inflammation be extensive, there is hiccough, the belly is blown up with air, the pulse soon gets feeble; delirium ensues, and the patient dies. Where there is internal mortification, the symptoms are the same. If the patient dies of mortification of an external part, it is generally the cellular membrane that is mortified. But will not the skin also get mortified? Most certainly it will, if you do not prevent it. And how do you prevent it? Why, by making free scarifications through the skin down to the cellular membrane, and setting free the tension under which it labors; and if you do this in good time, you will generally prevent the progress of the mortification altogether.

Whenever you suspect that the cellular membrane is mortified (and you will have the emphysematous crackling when that occurs), make free scarifications, and let out the putrid exhalations beneath, which are poisoning the system. Having made the scarifications, the other local treatment should consist of poultices and fomentations. You may apply, as a wash, a solution of the chloride of soda; if it does no other good, it will take off the offensive putrid odor of the parts.

With respect to the constitutional treatment, no general rule can be laid down. In some cases, where there is much inflammatory action, purgatives and diaphoretics must be given; but when the inflammation has subsided, you must leave off the antiphlogistic remedies, and give stimulants, to excite the system, but never to such an extent as to produce fever. For such a purpose you may administer either opium or ammonia. But suppose that a mortified part separates, we call that the process of sloughing. We know but very little of the physiology of this process, which may be described best to you as a peculiar form of ulceration. Whilst this process is going on, you must encourage it by the constant application of fomentations and poultices. Ulcers may, perhaps, form from the scarifications you have made, and these must be treated according to the rules I laid down to you when speaking of them. But you will, perhaps, ask—may you not amputate when mortification is going on? I think you may. Of course you would not amputate when mortification in the cellular membrane is complete: you are told to scarify, and what, I would ask, is amputation, but scarification in a more extended sense of the word? When mortification is the consequence of contusion, it is to be treated as contusion. You will feel the emphysematous crackling of mortification; scarify the parts, therefore, immediately, and you will save the skin.

Old persons are very subject to ossification of the arteries; the femoral, popliteal and peroneal arteries sometimes ossify, and if the ossified arteries contract, the patient will be very likely to have inflammation of the toes, terminating in mortification. The symptoms by which you may

know this are pains in the toes ; the foot and leg will become œdematous ; or perhaps, from a trifling accident, some inflammation is produced, and in both these cases mortification comes on ; at another time, perhaps, the patient finds his feet get very cold ; he immediately applies external warmth, and takes some internal stimulant, and the mortification is averted ; but if, on the other hand, it be neglected, the foot becomes white and cold, the patient complains of great pain, and the toes begin to mortify at their extremities ; in either way the progress of the mortification is different. It is sometimes rapid, when it obtains the title of "acute," the skin will become hot, the tongue loaded, the pulse rapid and frequent, the mortification will spread over the foot, delirium will ensue, and death will be the result ; or it may, on the other hand, be slower in its progress, when you will have a feeble pulse and a cold clammy skin ; the patient falls into a state of coma, and dies. The mortification that comes on in the toes, from ossification of the arteries in the leg and thigh above, may be very likely to destroy life, but will not always do so. When, in such a case, inflammation ends in mortification, if the pulse indicates fulness, it may become a question whether blood should be taken from the arm. The result of my experience in such cases is, that such a practice would prove unsuccessful to the safety of the patient. With respect to local remedies in such a case, you must keep the parts warm ; if there be, however, much heat and inflammation about them, you must apply cold lotions, or warm fomentations and poultices, according to circumstances. Some surgeons recommend you to rub the leg above with stimulating liniments, but I do not think that they do any good. Keep your patient quiet in bed ; if there be much pain, give him *opium* ; I do not know that it is of much service, except where there is severe pain, when you must give it in large doses, in the proportion of one grain every four hours. You may give stimulants internally, for although you cannot increase the diameter of the ossified arteries, you can increase the velocity of the circulating blood. For this same purpose you may give your patient a little wine, but not sufficient, of course, to produce fever. In cases of this kind, where persons have been accustomed to drink a great deal of wine, it may be necessary sometimes to give them as much as a bottle a day. My own opinion as to the employment of stimulants in these cases, induces me to prefer ammonia to all others. You may, for this purpose, give your patient six grains of carbonate of ammonia every four hours. The parts affected with mortification become putrid, and in process of time they separate. This process of separation occurring in the foot, is very slow and tedious, because it has to slough through tendons, ligaments and bones. It therefore becomes a question, whether you are to amputate in these cases of mortification, caused by ossified arteries, and when are you to do it ? If things proceed favorably, the parts will separate, in time, of their own accord, and nature will make a very good stump, with a little assistance of the surgeon's saw in getting through the bone. But there is another question, with reference to this subject, and that is, should you amputate during the progress of mortification ? I always oppose it. I think that you should never amputate

under these circumstances ; but it is done, however, in some cases by some surgeons. In old persons who die of mortification of the toes, the femoral artery is very commonly contracted in its diameter. Now, whether this is caused by inflammation of its coats or not, I do not know.

There is another disease of the arteries causing mortification, but I have only seen three cases of the kind. One was an obliteration of the artery, caused by inflammation of its coats ; the symptoms were pain and tenderness in the course of the artery. In this case the sloughing process proceeded favorably, and the parts separated down to the bone, which I sawed through, and a good stump was formed. Now, why does not mortification ensue after applying a ligature to the femoral artery ? If you tie an artery, the obliteration is only in the trunk of the artery, but not in the anastomosing branches ; but in a case like the one I have just named, it is not only in the main trunk, but in the branches of that main trunk also. Mortification will also occur in the toes after typhous fever. In such a case it is, of course, owing to a languid circulation, and from this cause parts at the extremities may also become mortified, after other severe diseases. Besides the causes which I have already mentioned, there are various others that may produce mortification, such as the actual cautery, and the various caustics, which act by destroying the vitality of the part to which they are applied. The actual cautery acts mechanically, and the caustics chemically ; but there is one caustic, however, which operates only on the vitality of the part to which it is applied, and not chemically ; this is arsenic. The other caustics act on the dead body, but arsenic does not. Mortification, when caused by the use or abuse of these caustics, requires the same local treatment which I have before described ; you must apply poultices and fomentations, and wait for the process of suppuration. Indeed, in such cases as these, a surgeon should do but little. He should look to the constitution, and judge if it is able to go through what is required ; if so, you should let nature effect the cure, but if the constitution be too weak to bear the process of the separation of the parts, then the surgeon must act according to the circumstances which present themselves. Of the surgical nomenclature used for this affection, I should have spoken to you first. You will meet in authors with the words gangrene and sphacelus. The first of these signifies that period when the parts are not quite dead ; the second means that period when the mortification is complete. From gangrene the patient may recover, from sphacelus never.—*Lancet*.

VESICULAR SMALLPOX—AN EXPERIMENT, &c.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—About ten years ago vesicular smallpox was brought from New York to Northampton, where I then resided. There occurred, probably, in the village, one hundred cases in all ; in the unprotected perhaps twenty, of which a majority died. In its mitigated form, called “varioid,” those who had previously had smallpox were as suscep-

tible of the disease, in proportion to their numbers, as those who had been vaccinated. In both the latter the disease was comparatively mild, and, under other circumstances, might have been mistaken for chickenpox, which it very much resembled.

At this time I persuaded Thos. Cole, who lived in a remote part of the town, to be inoculated with matter which I had taken from a *varioid vesicle*. His family consisted of himself (unprotected either by smallpox or cowpox); his wife, who had smallpox by inoculation forty years before; and their two sons, both of whom had been vaccinated. In proper time (seven or eight days after inoculation) Cole had the "symptoms" pretty smartly for one day, which subsided and ceased on the appearance of one large, mammoth vesicle on his forehead. I watched this case with some solicitude, and as the rest of the family were protected, I had no fears on their account. But in due time (about seven days) Thos. Cole, Jr., a son, who had been vaccinated, took on the "symptoms," and had a full crop of varioloid vesicles. By this time Mrs. Cole, who had not been in our councils, began to suspect "foul play," and she charged me directly with having given to her husband and son the smallpox, which she said she recognized from the symptoms. But she had no apprehension for herself, as she had had the smallpox. Notwithstanding her confident security, within the week she took on disease, and had varioloid more severely than either her husband or son. The other son was confined, at the time, of continued fever, and though in the same room with the family, escaped the disease.

Pustular smallpox and cowpox equally render the system less susceptible of the infection of vesicular smallpox, and though not a perfect protection, they disarm the disease of its virulence, and afford the best and only security we have. If it should appear, as I confidently think it will, that vesicular smallpox is a distinct disease, it will give a new direction to the inquiries of medical men, and a future Jenner may discover a substitute as mild and as effectual as is cowpox for pustular smallpox.

Respectfully,

Springfield, Jan. 10, 1840.

JOSEPH H. FLINT.

NOTE.—Is there on record, or in the recollection of any one familiar with vesicular smallpox, a single instance of secondary disease? J. H. F.

HERNIA.

[Communicated for the Boston Medical and Surgical Journal.]

It is computed that one in twelve of all the human race are afflicted with this complaint. It is, to say the least, a very troublesome infirmity, and if neglected or maltreated, it is one which not unfrequently proves fatal. The frequency of its occurrence renders people in some measure insensible to its importance. They go to a truss-maker to be fitted with a truss, and truss-makers generally have a favorite truss which it is for their interest to apply in all cases. It is well known to physicians that

there is a great variety of ruptures, and that they vary in degree and require different treatment. It cannot be expected that a truss-maker should be familiarly acquainted with the anatomical structure of the parts concerned in hernia. It is no disparagement to him to say that this is not expected of him. It would be unwise in him to spend two or three years in acquiring a knowledge of anatomy and physiology. Why, then, should he think it a duty incumbent on him to say what truss is best adapted to any and every variety of rupture? It is the province of an M.D. to determine this.

I am induced to make the foregoing remarks, not from any wish to interfere with the business of truss-makers. The wish to lessen their business is far from me. I wish to see every mechanic, who attends to his business, and is a good workman, have a plenty to do; and usually this is the case. Those who know me best, know that I am a friend to mechanics, and that I patronize them liberally. It has, however, appeared to me for many years that the treatment of hernia ought to be exclusively under the direction of a surgeon, who certainly ought to be best qualified to judge what kind of truss or other application is best adapted to the particular case and to the particular situation, sex and occupation of the patient; and I have recently been made acquainted with a case which confirms me in this opinion. A female friend of mine, who had for many years been suffering from double hernia, and who had employed most of the truss-makers in this vicinity, each of whom applied a different kind of truss, though none of them answered the purpose, at length heard of Dr. E. W. Leach, 134 Hanover street, and that he had, while in Europe, paid particular attention to the subject of hernia, and had been extremely successful in the treatment of this complaint since his return. She sent for him, and he adapted a truss to her particular case, which rendered her very much more comfortable than she had been for many years. Being told by my female friend of this circumstance, I called upon Dr. Leach, for I had myself been troubled with a rupture over twenty years, and had tried all the variety of trusses that came within my knowledge. He immediately fitted me with a truss that I must do him the justice to say, rendered me much more comfortable, and answered the purpose better than any one I had ever tried. I never asked who was the inventor or maker of the truss, nor do I know. Dr. Leach is not wedded to any particular kind of truss, but selects from all kinds the one he thinks best adapted to the particular case which comes under his treatment. I sincerely wish him success.

A PHYSICIAN.

STATISTICS OF MORTALITY IN WILTON, ME.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In the discussion now going on in your Journal, relative to dietetics, I noticed the assertion by one of your correspondents that the average mortality in the United States, was about 1 in 40. He sup-

poses it to be in New England, 1 in 41. It seems to me his computation cannot be correct. Would it not be well for medical men, generally, to keep a record of all cases of mortality occurring in their vicinity? There would then be fewer "retailers of hearsay and compilers of facts."

This town has the reputation, in this vicinity, of being quite unhealthy. The past year has been particularly so. Scarlatina, typhous fever and other diseases have prevailed to an unusual degree.

The whole number of deaths in town from Jan. 1, 1839, to Jan. 1, 1840, is thirty-five. Consumption, 6; palsy, 1; dropsy, 1; brain fever, 2; scarlet fever, 3; mortification, 1; old age, 3; dysentery, 2; infants, 6; scrofula, 1; chronic inflammation of the stomach, 1; quinsy, 1; fever, 2; 3 children unknown; stillborn, 2. Sixteen under seven years; nineteen over thirteen, *two males and seventeen females*; 8 between twenty and thirty; 6 between thirty and forty; 1 between fifty and sixty; 3 over eighty. Population of the town, 2300; making the proportion 1 in 65.7.

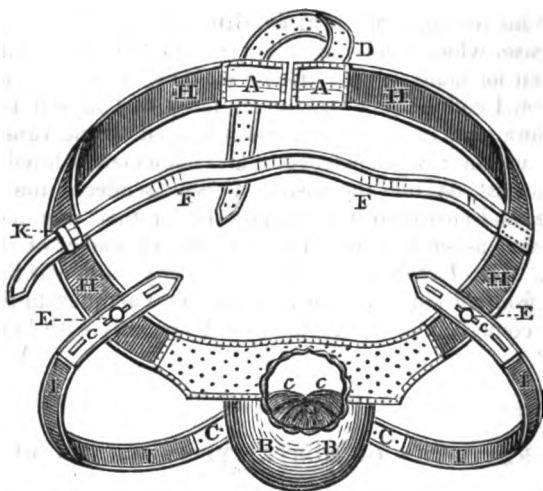
If you think the above statistics, which have been kept the past year with great care, worthy an insertion in your Journal, you are at liberty to use them.

Yours, truly,
Wilton, Me., Jan., 1840.

JOHN BARKER.

IMPROVED NON-ELASTIC SUSPENSORY BANDAGE.

For the immediate relief and permanent cure of Circocoele and Varicocoele, and for supporting the Testicles under all circumstances where support is required. Invented by HEBER CHASE, M.D., of Philadelphia.



Description of the new Suspensory Bandage.—A, A, The band or belt of the suspensory, which passes around the body and is secured by a buckle at D. B, B, The sac to retain the testicles. C, C, The thigh straps, which are attached at one extremity to the lower and posterior part

of the sac at c, c, pass along the sides of the perineum and round the base of the buttocks, continue upward on the outside of the nates and behind the trochanter major, to be attached to the band at E, E, by means of buttons. F, F, The abdominal band which passes across the stomach and is buckled at K, which is intended to prevent the suspensory from falling over the hips. H, H, India-rubber webbing introduced between the more unyielding parts of the suspensory belt. I, I, India-rubber webbing, constituting the middle part of the thigh straps.

This Suspensory Bandage was invented for the cure of circocoele and varicocoele, and for the relief of diseases connected with the testicles; and it is found to be worn with far more comfort and ease, than any other apparatus ever devised for the support of these organs. It is also designed to be employed under all circumstances where support is required for the testicles or cord, and it may even prove useful in preventing varicocoele in warm weather, and under the action of certain other predisposing causes of this disease.

"Frequent and troublesome as is varicocoele, we must hail with thankfulness the presence of a new and simple apparatus (Chase's Suspensory) for mitigating its discomforts, even if it should not, which this promises to do on the evidence of facts, entirely eradicate it."—*Eclectic Journal of Medicine*.

"These defects [defects in the common suspensories] are remedied in the best suspensory for varicocoele which we have seen. It was contrived by Dr. Heber Chase, &c."—*Surg. Depart. of Coates's Popular Medicine*.

For a full description of this instrument, application, mode of action, and cases treated, the reader is referred to the following work:—

"The Final Report of the Committee of the Philadelphia Medical Society, on the Construction of Instruments, and their mode of action in the *Radical Cure of Hernia* (from three years' observation); accompanied by a collection of the practical facts contained in the Preliminary Report: with notes, illustrations, and additional cases of Hernia, and diseases resembling hernia, with a Tabular Statement of 200 cases of this disease. Also, illustrations of certain instruments designed for the treatment of other diseases affecting similar parts. By Heber Chase, M.D., Member of the Academy of Natural Sciences, Honorary Member of the Philadelphia Medical Society, &c. One Vol., 8vo., pp. 243. For sale by J. G. Auner, Market street, Philadelphia."

SINGULAR CASE OF A WOMAN DELIVERED OF FIVE CHILDREN.

GIUSEPPA CALIFANI, of Naples, at the age of fourteen years and three months, was married to a man aged twenty-seven, by whom she had ten children at eight accouchments; at the fifth and sixth producing twins. She lived with her husband ten years, and remained a widow three years after his death; she then took a second husband, whose age was about twenty-nine. After two regular accouchments, upon her third pregnancy she became enormously large; so that, at seven months, she

appeared to be at the termination of her natural period. She was taken, however, at seven months, with labor pains, and brought forth successively, and by natural presentations, five living children, all of whom were baptized. The mother did not suffer anything extraordinary. Four of these children were females. The male infant was delivered first, and, after a few minutes, one female; then, after a cessation of fifteen minutes' interval between each, the other three followed. The infants much resembled each other, and were of a regular form and well grown, and very nearly of the ordinary size of a seven months' fœtus; each weighed about $3\frac{1}{2}$ lbs., and measured in length a French foot. The insertion of the umbilical cord was about four lines lower down than ordinarily. The placentas with their membranes were four instead of five; and each had its proper umbilical cord, except the fourth, which contained two in one large sac. The fœtuses, with their membranes, placenta, and umbilical cords, are preserved in the Royal Anatomical Museum of the University of Naples. Vincenzo Licci, of Calimera, in Otranto; Vincenzo Massari, of Molfetta, in Bari; and Dr. Antonio Scacani, of Naples, conducted the examination.—*Bul. delle Sci. Mediche.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 29, 1840.

SOLITARY CONFINEMENT IN PRISONS.

FROM the 14th Prison Discipline Report, are gleaned the following facts. Dr. Colman, physician of the New Jersey Penitentiary, says that the prison has an average of 105½ convicts a year. The diseases for the year were these, viz.: asthma, 1; bilious fever, 3; bloody tumor, 1; constipation, mild, 26—obstinate, 1; bilious colic, 4; cough, 4; catarrhal fever, 5; dyspepsia, 4; diarrhœa, 14; dysentery, severe, 2; pleurisy, 1; rheumatism, 7. The tendency to glandular obstruction is seen in almost every prisoner who has been confined in the cells for more than a year, when he is in the least degree indisposed. The complexion is pale, of a dropsical hue, such as continued shade almost always produces, and the symptoms of disease of the internal organs are of a character that marks the languid action that prevails under such circumstances. Some post-mortem examinations have been made, and in all of them the lymphatic glands were enlarged to an enormous degree, indurated and obstructed.

Hereafter, as circumstances allow, we intend to show, by the concurrent testimony of intelligent medical attendants of American prisons, that the practice of solitary confinement, now so much in vogue in this country, is not only absolutely cruel, but barbarous. It breaks down the mind of the miserable, incarcerated being who is the subject of such diabolical treatment, deranges all the functions of the body, and if he happens to survive this modern madness of the law, he goes out into the world in a state of disease which makes life a burden, and ever after disqualifies him for active labor or mental enjoyment.

Fees of Physicians.—With all the modern improvements in the modes of transacting professional business, it is rather strange that the English plan of paying physicians has not been adopted in the United States. Here the medical practitioner goes everywhere, at every hour, night or day, without knowing even the character of his patient, and much less anything about his ability to pay for medical services. Thus scores of physicians and surgeons have worn themselves out, and died in poverty, because most of their debts were not collectable. Half of a physician's life is actually spent, both in town and country, in making visits for which he will never receive a farthing. It is quite as important that he should receive a fair compensation for his labor, as any other person who depends upon the practice of a daily avocation.

Now in England, when a medical man is requested to make a visit, it is understood that the fee is to be paid on leaving the patient, and that without deviation, even when the attendance is prolonged for weeks in succession. By this simple arrangement no debts are lost, where there is ability to pay—no system of book keeping is required—the value of a practice may be estimated, and some calculation made upon one's ability to maintain and educate a family. The whole process of practising physic in New England needs re-organization. Let the physician be paid at every visit—particularly in cities—and the sick would eventually be the gainers by it. After years of toil, hundreds of our best practitioners die in poverty, who by the simple course we advocate, would have left their families a competence. The remedy lies with our professional friends. If they demand their reasonable fees, and all concur in the same just scheme, the result will be mutually beneficial. Instead of continuing visits, as is sometimes the case, till the prospect of a formidable bill begins to alarm the sick or their friends, never make a visit unless requested to do so, from time to time. We sincerely believe that a change for the better would be brought about in this, acceptable to the whole community. Those, therefore, who have the courage to make a beginning, will first reap the great advantages arising from an equitable mode of practising medicine and surgery.

Medical Affairs in India.—Dr. Corbyn, editor of the India Medical Journal, through a gentleman who arrived in Boston, from Calcutta, on Saturday, January 11th, sent a small package, from which the following items are gleaned. It is almost certain that all our exchange India Journals, together with those designed for other periodical exchanges in the United States, which usually come to our care, were burnt at sea in the ship Harold, an account of whose destruction by fire, on her homeward bound voyage to this port, was narrated in the daily papers of last week.

A correspondence has taken place between the Medical Board and his Excellency the Commander in Chief, wherein the Board solicit that a portion of the medical patronage may be placed in its hands similarly to the vesting of authority in officers commanding regiments to appoint their own adjutant. His Excellency has refused the request, but expressed his determination to bestow lucrative appointments on the senior officers of this branch of the service.—Dr. McCosh has been appointed, or is to be, to a regiment of cavalry, of the Oudh brigade.—Dr. Jackson has been compelled to remain in the office of apothecary of the Hon. Company's service, in consequence of the non-arrival of Dr. Grant, from England.—

Mr. L. T. Watson, made Surgeon; also Mr. E. V. Davis, Assistant Surgeon.—A. Donaldson, M.D. has charge of the recruits at Agra.

Ohio Lunatic Asylum.—Whole number of patients admitted into the Asylum from the 30th of November, 1838, to the 15th of November, 1839, 157. Males, 87; females, 70. Old cases, 114; recent do., 43.* Paupers, 125; pay patients, 32. Single, 88; married, 56; widows, 11; widowers, 2. Discharged during the year:—Recovered, 27; incurable, 5; idiotic, 2; eloped, 1; died, 8—43. Number remaining in the Asylum:—males, 61; females, 53—114. Per cent. of recoveries on recent cases in 8 months, 71.43. Of those remaining in the Asylum, the prospect seems to be entirely favorable for 15; favorable for 15; doubtful for 34; unfavorable for 50.

Duration of Insanity before Admission.—Less period than one year, 43; from one to five years, 67; five to ten years, 22; ten to twenty years, 16; twenty to thirty years, 6; unknown, 3.

Ages of the Patients when admitted.—Under twenty years, 7; between twenty and thirty, 71; between thirty and forty, 41; between forty and fifty, 20; between fifty and sixty, 14; between sixty and seventy, 4.

Supposed remote or exciting causes.—Intemperance, 7; domestic affliction, 6; puerperal, 13; ill health of various kinds, 14; loss of friends, 4; matrimonial perplexities, 4; fright, 3; intense application, 3; jealousy, 2; disappointed love, 10; epilepsy, 9; injuries of the head, 5; constitutional, 10; disappointment and mortification, 10; masturbation (*produced or perpetuated by the practice*), 16; fear of want, loss of property, &c., 7; ill treatment from parents or guardians, 2; religious excitement and anxiety, including perplexity, exaltation, enthusiasm, fanaticism, doubt and fear of future punishment, 15; unknown, 17.

Species of Insanity.—Mania, 101; do. melancholic variety, 17; do. epileptic, 12; do. homicidal, 4; moral insanity, 10; incoherence or dementia, 10; idiotism or imbecility, 3.

Pin lodged in the Ear.—Margaret Duff, æt. 18, was admitted into Gray's Hospital, Elgin, January 28, 1839. About a year ago, while picking her ear with a pin, she inadvertently allowed the pin to slip into her ear. Till lately she has not suffered much inconvenience from the accident, but now the pain is very distressing, and she is most anxious to have it taken out.

The ear was minutely examined and re-examined by the aid of bright metallic tubes, to throw the light into the bottom of the meatus, but not a vestige of the pin could be seen. A small speck, to be sure, was seen, but it was doubtful whether it was not a glistening point of the membrana tympani; and, in this state of uncertainty, although an attempt was made to lay hold of it, the attempt was not persevered in. Fomentations, opiates, the occasional application of leeches, as circumstances might require, were the only means that could be thought of to allay the pain, as the removal of the pin appeared impracticable.

* Cases are denominated recent or curable, when the duration of the disease is less than one year before the admission of the patient. Institutions differ much in regard to this rule, which is deserving of notice, as the result will be materially changed where the periods of three, six, or nine months are adopted.

April 30. The ear has been examined from time to time since her admission, but it was only to-day that the head of the pin could be seen; it was laid hold of by a small forceps, but it came out without the body. The ear was then washed out with warm water, but it was impossible to get a view of the body of the pin. The pain of late is so intensely severe that the patient is almost constantly moaning and screaming out. She seldom sleeps, and opiates have little effect in procuring rest or even affording any relief, although she takes to the extent of two drachms of the sedative liquor in the course of the day. For the last few days she has voided no urine without the catheter.

May 28. The pin made its appearance at the external ear to-day, and was removed; she now feels quite relieved from pain. She required the catheter till yesterday.

It is evident that the pin had penetrated the membrana tympani, and had advanced as far as its head would permit. I think the head must have fallen off from the body, and been lying at the bottom of the meatus when I laid hold of it with the forceps. It is remarkable that the long-continued and intense irritation which it kept up did not occasion suppuration in the ear.—DR. J. PAUL, in *Lancet*.

Boston Bill of Mortality for 1839.—The whole number of deaths (including the stillborn), was 1863.—Of the diseases, 222 were consumption; 212, scarlet fever; lung fever, 82; typhous fever, 46; apoplexy, 20; convulsions, 37; croup, 46; dropsy, 87; dysentery, 30; whooping cough, 34; diseases of the heart, 29; inflammation of the bowels, 50; do. of the lungs, 18; infantile diseases, 88; intemperance, 30; delirium tremens, 8; palsy, 14; smallpox, 53; teething, 29; stillborn, 141; accidental, 16; burns, 11; child-bed, 17; drowned, 30; insanity, 3; lockjaw, 1; fractured leg, 1; fractured skull, 1; intromission, 1; murdered, 1; old age, 53; poison by paint, 1; scalded, 4; sudden, 10; unknown diseases, 129.

Medical Miscellany.—A fine specimen of *rhizomorpha subterranea* has lately been discovered in Hertford, England, attached to the under surface of an oaken slab, which had been part of the covering of an old well, for 11 years. The rhizomorphous plants are exceedingly rare in England, but are often found in mines, pits, hollow trees, &c., on the Continent.—Messrs. Lea & Blanchard, of Philadelphia, have in press, "The Practice of Medicine," by Professor Geddings, and a Medical Account of the Springs of Virginia, by Professor Gibson.—Deaths in Hartford, Conn., in 1839, 181, exclusive of the Almshouse and W. Hartford.—We perceive that the excellent address of our respected correspondent, Dr. Miner, to the students of Yale College, which was noticed and copied from in the Journal, has reached London, and been very favorably noticed in some of the periodicals there.—We understand that Dr. Fuller, physician of the Retreat for the Insane in Hartford, Ct., has resigned his office, and intends to establish himself as a practising physician in town.—A Stated Meeting of the Counsellors of the Massachusetts Medical Society will be held at their room, Athenæum buildings, Pearl street, on Wednesday, Feb. 5th, at 11 o'clock, A. M.

Whole number of deaths in Boston for the week ending Jan. 25, 26. Males, 12—females, 14.

Of consumption, 4—smallpox, 8—dys. 2—lung fever, 2—varioid, 1—palsy, 1—old age, 1—apoplexy, 1—typhous fever, 1—scarlet fever, 1—dropsy on the chest, 1—infantile, 1—sudden, 1—stillborn, 8.

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Ferry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	DR. SMITH.
Surgery, by	DR. STEDMAN.
Theory and Practice of Medicine, by	DR. FERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by	
Materia Medica and Chemistry, by	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. WILEY, or to either of the subscribers. M. S. FERRY. C. H. STEDMAN, H. G. WILEY, J. V. C. SMITH.

Jan. 29—epimeoptif

H. I. BOWDITCH,

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 17th day of February, 1889, and continue three months.

Anatomy and Surgery, by JOSEPH ROBY, M.D.
Theory and Practice of Physic, by JOHN DELAMATER, M.D.
Obstetrics, by EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Library contains 3000 volumes, and is annually increasing.

Every person becoming a member of this institution, is required *precisely* to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me. Nov., 1889.

N 27—cop64

P. CLEVELAND, Secretary.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct. 31—eptf

VERMONT ACADEMY OF MEDICINE.

LECTURES will commence in this institution on the second Tuesday of March, 1890, and continue thirteen weeks.

Theory and Practice of Medicine, by HORACE GREEN, M.D., N. Y. City.
General and Special Anatomy and Physiology, by ROBERT NELSON, M.D., St. Albans, Vt.
Chemistry and Pharmacy, by JAMES HADLEY, M.D., Fairfield, N. Y.
Principles and Practice of Surgery, by JAMES RYAN, M.D., Philadelphia.
Materia Medica and Obstetrics, by JOSEPH PERKINS, M.D., Castleton, Vt.
Medical Jurisprudence, by RALPH GOWDNEY, M.D., Middlebury, Vt.

The fee for all the courses is \$50. Matriculation fee, \$5. Graduation fee, \$15.

Castleton, Vt., Jan. 1890.

J 15—cm

JOSEPH PERKINS, Registrar.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXI.

WEDNESDAY, FEBRUARY 5, 1840.

No. 26.

CASE OF APOPLEXY.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. CLEMENT, aged 68, rather plethoric and corpulent, has always enjoyed good health, excepting the last two or three months, when she complained of numbness and coldness of the left superior and inferior extremities.

Nov. 20th, 1839, Mrs. C. had an attack of apoplexy. I saw her in about two hours after the attack; found her nearly senseless, and the left half of the body paralytic. She constantly applied the right hand to the right side of the head, indicating pain or distress in that region. She was quite comatose, and if left undisturbed appeared to be in a profound sleep; but when roused, would make signs for water, and put out the tongue when requested. Breathing laborious and rather stertorous.

The patient was bled freely from the arm, a brisk cathartic was given, assisted by an enema; cold applications to the head, and revulsions to the feet and ankles.

21st, nine o'clock, A. M. Patient rather worse, notwithstanding the cathartic had operated freely, and a large loss of blood from the arm, during the night, in consequence of the bandage becoming loose. At six o'clock, P. M., pulse very strong and full, complete hemiplegia, breathing laborious. Bled again about thirty ounces before the breathing or pulse was affected. Applied a blister to the right side of the head, gave another cathartic, assisted by injections.

23d. Patient very much worse; coma so great that she could not be roused, breathing stertorous, pulse flagging, pupil insensible to light, and the evacuations involuntary. 24th. Patient died.

Inspection—In the presence of, and assisted by, my students. The skull was removed after the usual manner. The membranes healthy; the exterior of the brain appeared natural, excepting a great degree of hardness, which extended throughout its whole substance. The dissections were commenced by removing the left hemisphere by successive slices, until on a level with the corpus callosum. An opening was made into the ventricle, and the parts in its cavity brought to view, perfectly healthy, excepting a degree of hardness. The right hemisphere was managed in the same way; but the appearance of the ventricle was entirely different; its cavity was distended with dark coagulated blood, the size of a hen's egg. After the blood was removed, the interior of the cavity appeared like pus in color and consistence. The

color and softening of the brain extended in every direction from the cavity of the ventricle; but much less, towards the septum lucidum. The following bodies, in the cavity of the ventricle, had entirely lost their consistence, and in part their shape, by the extensive ramollissement; viz., the lateral portion of the fornix, corpus striatum, hippocampus major and minor, and dipping down into the fourth ventricle and destroying, in part, the thalamus opticus.

In making transverse and longitudinal sections of the right side of the brain, after the minute examination was made, the ramollissement and yellow color could, in many places, be traced to the cortical portion of the brain. No further examination made. T. HAYNES.

Concord, N. H., January, 1840.

THE INFLUENCE OF THE MIND ON PHYSICAL ORGANIZATION.

BY JOHN CLOUGH, M.D., NEW IPSWICH, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

AN extraordinary discovery, or an innovation of any kind, seems to electrify the world, and the public mind is at once thrown into violent commotion, evincing in a striking manner the dissimilar and paradoxical composition of the human mind. Like the pendulum of a clock without a regulator, it is never allowed to vibrate within the bounds of utility, but is constantly driven at random, until a reaction is produced and the whole affair, more frequently than otherwise, consigned to a complete state of rest.

In those points which never can be clearly demonstrated, but must inevitably remain in obscurity, man delights to wander. By his vivid imagination he creates a little world to himself; his fancy so enormously magnifies his vision, that he adopts such theories as best suit himself, and by strong natural prejudices, urges them upon the world with an ardor and enthusiasm just in proportion as the subject may be ridiculous. However absurd any new doctrine may appear, however it may shock and disgust rational beings, it will have its followers and its advocates; and this may fairly be considered the great and principal cause of every new wonder which comes before the world. The public mind, in its present unenlightened condition, demands it, and proffers a reward to the innovator infinitely beyond what can be realized from any honorable avocation. The bloated and overgrown theorist believes, or affects to believe, that no one but himself is right, however at variance he may be with the generally received opinions of the most candid and scientific men.

Take a retrospective view, and go back in thought to the period when history commenced, and you will find man has ever delighted in the discovery of new and fanciful theories, and to traverse the boundless labyrinth of speculation. New theories are built upon long ago demolished ones, and new doctrines are continually germinating in the imaginary views of those who have feasted bountifully upon the preju-

dices of antiquity, and whose crooked reason and distorted judgment have ever delighted to bask in the sunshine of aerial dreams.

It will not, perhaps, be entirely uninteresting to allude to the effects of *magic, incantation, amulets, and holy relics*. These had their influence in an age of extreme ignorance and superstition—when the darkness which shrouded the human mind was so thick that it could be even felt. The charming of newly made wounds was effected by repeating, as it was said, some particular words backwards. Amulets were provided by the people to render themselves invulnerable to disease, and to ward off the tormenting influences of witches; and the relics of holy men were made sacred for the purpose of curing the most inveterate diseases. Anything which pertained to these holy departed worthies, which, by association, could be made to produce strong excitement, was considered an agent in working the wonderful effect. The sick were sometimes removed to the tombs of these departed saints, and by touching only the finger-nail or the bone of a finger, a cure would be effected. This latter mode had an additional influence upon such subjects in restoring them to health. Being in the midst of the consecrated dead, they were endued with feelings of reverential awe, which added solemnity to the farce, and made the deception operate more effectually.

In connection with this, I cannot omit to mention a circumstance which occurred in this town (New Ipswich), not thirty years since, and similar occurrences probably occurred in many other towns in New England. This was disinterring a human body, which belonged to a family all strongly predisposed to consumption, for the purpose of removing the heart, which was burned, the ashes of which were considered a sovereign remedy to those of the family who were still living, and might be afflicted with the same disease. This only illustrates the fact that those elements of character which held such a magic sway over the minds of men in ancient times, have not ceased altogether to influence the community in our comparatively enlightened day.

I cannot pass over this part of the subject without a brief notice of *animal magnetism*, and the deception practised by Perkins with his *metallic tractors*. To give only a synopsis of the proceedings and results of Mesmer and his disciples, would occupy too much time. I need only say that it illustrates, in a remarkable manner, the wonderful influence of the imagination. This subject has been so much discussed before the public of late, that all have some knowledge of it, and are also acquainted with the fact that Dr. Franklin and others were successful in discovering the imposition which was practised on the nervous and ignorant. Although the fraud practised by Mesmer and others was so completely exposed, and so palpably proved to be a mere chimera of the imagination, fostered by ignorance and superstition, we see Perkins coming forth only about fifteen years after the introduction of Mesmer's project, with a new discovery, which, he alleged, would supersede anything yet offered to the public in healing diseases, and for which he not only received a patent with royal letters, but a large donation from government.

The plan of Perkins was to use *metallic tractors*, which were to be

pointed at the diseased part, and drawn gradually over it, and under the magnetic power of these *tractors* the disease would be subdued. This pretended discovery had the semblance of plausibility, on account of its having been brought before the public at the time when Galvani had just made his discovery, and which so startled the scientific world, in its effects upon the nervous system of dead bodies. Wonderful and astonishing effects were produced by the metallic tractors; diseases of the most inveterate kind yielded to their influence. Pamphlets were published, setting forth the wonder-working influence of this plan in curing diseases—newspapers teemed with certificates carrying evidence to the same effect. In fine, the people, everywhere, were enraptured with it; but like other schemes of this kind, it has now long been consigned to the tomb of all the Capulets. The farce was completely detected by Dr. Haygarth, who proposed that *wooden tractors* should be constructed and painted so as to resemble the metallic, and applied in the same manner. Accordingly several individuals were selected who were suffering from chronic diseases, and who were assured that their cases would yield to the *tractors*, which, on experiment, proved true. Others were constructed of lead, &c., and whenever benefit was really expected, it was alike accomplished with the *wooden, leaden or metallic tractors*.

As we approach our own time, we see the same influences operating on the community, though in some respects in a modified manner, according as the people are better educated and more enlightened. Those elements of mind which conduce to this state of things appear to be original in man's constitution. A seeking after something which does not exist, is a characteristic of man; and so strong is his hope of obtaining it, that he is ready to forego anything for the sake of an experiment. We see this verified even now in the use of patent medicines, with their flaming advertisements—in the homœopathic system, which is identical with Mesmerism and Perkinsism; and last, though not least, in Grahamism. People are gravely told that their stomachs are so delicate that they can digest only such and such articles of food; and that other kinds, which they have eaten all their lives without injury, produce unpleasant symptoms and diseases which are minutely detailed. In this way, persons who before scarcely knew they had a stomach, are soon brought to experience all the symptoms in the exact order in which they were related. Thus diseases are really produced by taking certain kinds of food, aided by the mind, and are as effectually cured in the same way.

In taking this partial view of what has passed, we should be instructed not to follow too hastily any new doctrine, however pure and real it may seem to our limited experience. Its rays may illuminate our path, but be scarcely less delusive to us than the empty ignis fatuus is to the bewildered traveller.

The influence of imagination, in aiding the happy effects of medicine in curing disease, should not, however, receive our unqualified censure. Too many facts are before us, and many others might be adduced, to show what I hope has already been proved. The influence of the

imagination has indeed wrought many wonderful and important changes in the nervous and vascular systems, independent of those medicines which are considered specifics. For instance, bread pills have been known to operate as a cathartic, when given with a confident assurance that they would operate as such.

How ought we to act, then, if such surprising effects are produced by *inert* remedies through the action of the mind, when we administer *real* medicines? Shall we allow the medicine to produce only its mechanical effects, without calling into aid the strong powers of the imagination; or shall we inspire the mind with all reasonable hope, combined with this the proper use of medicines, to effect our object? It is well known by many, that the same medicine has dissimilar effects on the same individual, in the same disease, when administered by different individuals. Here are lessons to be learned by the young practitioner who, with high hopes, goes forth into the world to do his great work upon the stage of action.

During the siege of Broda, in 1625, the soldiers were dreadfully afflicted with the scurvy. The Prince of Orange hearing of their distress, and fearing unfavorable consequences might result, hit upon an expedient to effect a cure. He sent letters, accompanied with a few phials of medicine, which he promised would afford the most speedy and happy relief. This information was made public, and all were eager to use the new medicine, which had, as was stated, been procured at great expense, and a few drops only were sufficient to medicate a great quantity of water. The results of this fraud were truly wonderful. Health, cheerfulness and vigorous activity were the speedy effects. They boasted of being cured by the Prince's remedy, when all other remedies had been of no avail.

Dr. Haygarth observes, "The patient ought always to be inspired in the best manner possible with confidence in any remedy which is administered; but if a favorable opinion of it cannot be obtained, and especially if there be a marked prejudice against it, another though less powerful medicine should be preferred."

How often do we hear of the marvellous cures which are performed by the dexterous empiric. His medicines, though nearly powerless, are recommended with magnificent and unqualified promises, which so affect the weak and credulous that wonderful cures are the result—cures which the most scientific practitioner had failed to accomplish. Here the empiric too often receives the unqualified censure of the profession for calling into aid a class of remedies of the most powerful kind, to which the regular practitioner often attaches too little importance. When high hopes are held out to some persons, the mind is at once stimulated to new exertions—a new train of thoughts is exchanged for those of a morbid and monotonous character, and the physical system so sympathizes with the shock, that disease is driven from its empire, and health resumes its original throne.

After all that has been said in this article, there may be, and undoubtedly are, many individuals who are not susceptible of such changes in the physical system by the influence of the mind; and some even

may be incredulous how these important changes are effected by such influences alone. But such is the fact, as we have clearly seen ; and though we can trace it from cause to effect, we cannot detect the silent operations in the process, and must rest satisfied with mere hypothesis as to the result, which each one is at liberty to frame for himself. We have a familiar example of instantaneous change in the bloodvessels of the face and neck, produced by sudden emotions of the mind ; such as the blush of modesty and the paleness of fear. In blushing, the capillaries are suddenly engorged. The distention of vessels occurs in other organs to a much greater extent by voluptuous thoughts.

It is now understood that the action of mind is treated of as depending upon a physical organ ; that organ is the brain, the great centre of the nervous system, from which all the nerves ultimately proceed. In their ramifications they may be considered as so many little messengers, carrying to and from the brain every sensation we realize. The command is given by the brain, and the mandate is instantly obeyed. It may well excite our wonder and admiration, to see how beautifully and inscrutably mind and matter are blended.

It may be a matter of honest inquiry by every medical man, after thus viewing the subject, how far he should attempt to influence his patient through the operations of the mind. It will not be my object to show whether a man may ever use deception or not—whether to do a greater good he may do once a little evil. The popular notion, however, is that a physician has this privilege, and would be justified on the same ground that a man would be who should snap his tobacco box in a dark night to alarm the highway robber. On the other hand, some of the most able divines contend that it is utterly opposed to the spirit of the divine law to do the least wrong that good may come ; and here I might quote St. Paul to the same effect.

A physician may, however, promise his patients, in the strongest terms, that they will recover, with the same propriety that he administers cathartic medicine with a full assurance that it will operate as a cathartic, if he finds a like result—that is, if he finds that promises operate through the mind to cure diseases as uniformly as castor oil operates as physic, he is at liberty to use them as remedies, under a *judicious* administration.

The old maxim that drowning men catch at straws, is philosophically correct, and should admonish every practitioner of the importance of being circumspect in all his conduct while in the sick chamber. It is not uncommon for patients, however sick, to be found keenly alive in noticing every movement, and especially is this the case when the physician is present, in order to discover, if possible, either in his looks, actions or remarks, his views in relation to their case. Here the physician should be doubly on his guard, as the smallest affair will be very much magnified by a sick and enervated person ; or it may be misconstrued.

Finally, a physician should study to make himself as interesting as possible to his patients, by kind looks and soothing expressions. In the examination and collecting of the symptoms, he should be familiar without being bold, attentive without affectation, complacent without ostenta-

tion, all which being blended with the judicious administration of medicines, he will often have the ineffable happiness to know that he has been instrumental in disarming disease of its power, and restoring health and happiness to the afflicted.

NOTICE OF THE WILLOUGHBY UNIVERSITY AND SOME OTHER
MEDICAL COLLEGES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Now that I have returned again from the West, you will pardon me, I presume, if I give some account, in your Journal, of my tour, and of some of our medical schools.

Soon after my return from Dartmouth, where I gave a course of lectures upon medical botany and medical jurisprudence before a class of seventy-eight students, I set out for the University of Lake Erie, at Willoughby, Cuyahoga County, Ohio, with the medical department of which I am connected as Professor of *Materia Medica*, Pharmacy and Medical Jurisprudence. My journey was most delightful. I arrived at Cleveland on the ninth morning from my departure from Deerfield, in Massachusetts, a distance of about 650 miles. The autumn, up to the 25th of October, had been remarkably mild and warm, and it continued so till some time into November. The latter part of summer had been warm and sultry, and intermittent and other fevers had been much more common through the region of country which I traversed, than they had been for several years before. In particular I understood that fever and ague had been extremely prevalent along the whole northern shore of Lake Erie; and I was informed that the complaint prevailed almost as an epidemic throughout nearly the whole of the southwestern States. It also prevailed considerably in Cleveland, Willoughby, Painesville, and several other places in northern Ohio, which have heretofore been, and are now, as healthy as any places of their size in New England. The causes inducing intermittent fevers are now principally removed, and the Western Reserve, the Fire-lands, and many other parts of Ohio, are now as healthy as any part of the Union. A more sober, industrious and intelligent population can hardly be found in any section of our country, than that of those regions. The inhabitants are principally from New England.

Soon after my arrival at Willoughby, I understood that a greater number of applications had been made by students to attend the Medical College this year than last, notwithstanding the tremendous pressure in money matters at the West, which I have no doubt has restrained great numbers of students from attending our school this season. As it is, there was considerable gain in our ranks this year. Then we numbered forty. This year our catalogue will probably contain fifty or more, as students were coming in, even when I left, after a course of two or three lectures a day for nearly four weeks. In all the medical schools in which I have lectured, viz., at Berkshire, Fairfield, Hanover and Willoughby, where I have always had fine and highly interesting classes, I

have never met with one which appeared to be more intelligent and gentlemanlike than this. This certainly speaks highly in favor of Ohio, and of the other States in the Valley of the Mississippi which patronize this growing institution.

All the regular medical schools in the Valley, viz., the Ohio and Willoughby Medical Colleges, the Transylvania and Louisville in Kentucky, and the medical school at New Orleans, are destined to have a most important bearing upon the destinies and upon the lives and health of the inhabitants of this great basin, probably containing at this moment more than seven millions of inhabitants. Who that has reflected upon this subject for a moment, can doubt the necessity of these schools, located as they are, and acting, as I have reason to hope they do, in concert and harmony. There certainly appears to be no reason why they should quarrel with each other.

We have every reason to be satisfied with our school at Willoughby. Our location is as good as could be wished, as there is no other medical school west of us in the Union, none in Upper Canada, and none in New York nearer than Geneva, which is several hundred miles distant. The public, too, have abundant reason to be satisfied with the faculty of this College. Dr. Delamater has lectured with unbounded applause in at least seven of our highly respectable institutions, and he is at this moment connected as a professor with Dartmouth Medical College, Bowdoin Medical College, the College of Physicians and Surgeons in the Western District of New York, and the University of Willoughby. No man can be more popular with all his students than he is. He carries his own praise with him. Dr. Trowbridge is very extensively known as a surgeon in western New York, Upper Canada, Ohio and Michigan. He was the principal surgeon on the Upper Canada border, during the last war. He has published interesting cases in some of our Medical Journals, and he is accumulating facts in his common-place book, relating to some of the most important cases which have fallen under his observation, and particularly upon the diseases of the hip-joint, a new method of treatment for which he is about to promulgate. His name, also, gives popularity to the school. He is now settled at Painesville, Geauga County, Ohio, on the borders of Lake Erie, and he extends his ride over the Western Reserve and even farther. Dr. Ackly is a most indefatigable anatomist. His museum is good, and he gives great satisfaction to the class. Dr. Cassells is a graduate of the University of Glasgow, in Scotland. He has a fine apparatus, and he gives universal satisfaction. It affords me great pleasure to state that the cabinet of natural history is well fitted up. The minerals and the birds are in glass cases. We hope soon to have a specimen of every bird, animal, fish, &c., which is to be found in the western valley. Thus we have no fears of the success of this rising institution.

Without enumerating the names of the other eminent professors in the Ohio Medical College, that of Mussey is sufficient to guarantee the success of that school. The number of students there, I understand, is about 120. Although the practice of physic is not regulated by law in Ohio, yet the good sense of her physicians in establishing county medical societies, which will soon result in a State society, will refute the

obloquy which has been thrown upon her on this account. Even Massachusetts and Pennsylvania, two of the most erudite States in the Union, in medical lore, are in the same predicament with Ohio. They have no law regulating the practice of medicine.

Transylvania School, at Lexington, Kentucky, has long stood, in point of numbers, at the head of all the medical schools west of the Alleghanies. With such a faculty as she now sustains, she will long retain her proud pre-eminence. The number of her students, I understand, is 240. Dr. Drake alone has talents sufficient to sustain the Medical School at Louisville. She now numbers 180 students. I am not personally acquainted with the professors at New Orleans, but I understand they are men of eminence, and that the medical school there is well sustained. With such prospects and encouragements, what is to prevent the great west from rivalling her older and richer sisters of the east. Their motto is from David Crockett, "Go ahead."

On my return, while in the neighborhood of Geneva, I was informed by a physician that the number of students at that medical college was about 70. I will not vouch for the correctness of this statement. The number of students in the College of Physicians and Surgeons at Fairfield, I understand, was 116. While at Albany I called upon my friend Dr. T. R. Beck, of that College. He is collecting statistics of all the medical schools in the Union, and giving the numbers of the students who have attended lectures in the different medical colleges in the United States for the last ten or more years, and the number of all who have graduated. It will be a most interesting document, when finished. He gave me his printed notes as far as he has completed them, for which I feel under great obligation to him. He has published his list for thirteen schools, and he has matter on hand for many more. I called also, while at Albany, at the Albany Medical College, and was very politely treated by Drs. March and Armsby, two of the professors in that school. Dr. Armsby showed me the anatomical museum, containing many of the new German preparations of the brain, eye, ear, neck, &c., of porcelain and wax, which were certainly very correct and beautiful. The other parts of the museum, and the cabinet of natural history, were extensive. I attended part of a lecture from Dr. March, and should judge there were 80 or 90 students, perhaps more, and perhaps less.

I have just received a catalogue of the Geneva Medical College, from Dr. Coventry, by which it appears that 87 medical students attended the course the present session. From a notice in the Saturday Evening Post, it appears that there are 450 medical students attending medical lectures in the University of Pennsylvania. From a correspondent, a professor in the Medical College at New York, I understand that that college is flourishing—the number of students about 100. Your Journal, Sir, if I rightly recollect, mentioned that the Berkshire Medical Institution had about 50 on its catalogue. The number at Boston, I understand, is 74. I am expecting soon to hear from Philadelphia and the South, when I hope the list will be pretty full for this year.

Very respectfully yours,

Deerfield, Jan. 16, 1840.

STEPHEN W. WILLIAMS.

PECULIAR CASE OF ENTERITIS—IMPERFORATE RECTUM.

At a late meeting of the Kappa Lambda Society, of New York, Dr. Hoffman presented the following interesting account of a case, in which strangulation had taken place in a portion of the ileum, producing such complete obstruction that the fluid contained in the upper portion could not be made to pass into that below, and exhibited the morbid specimen illustrating the case.

At 9, P. M., Saturday, June 12, 1839, was called to visit, in consultation with Dr. Green, a Captain F., who had arrived here from a port in Massachusetts a few days previously, in a brig under his command, and in good health. I learned that his bowels had been freely opened on Thursday morning, and that, in the afternoon of that day, he had been seized, without any assignable cause, with a severe pain in the right iliac region, which continued, with occasional vomiting, during the night, and that on Friday he sent for Dr. Green, who, with the intention of evacuating the bowels, had had recourse to bleeding, calomel, tobacco, and other injections, croton and castor oil, but without effect; and that about an hour before my visit, he had used a vapor bath, by seating the patient over a tub of warm water into which heated bricks were immersed, which had induced a general and free perspiration, with mitigation of the pain. Some of the calomel and the last two doses of castor oil had been retained on the stomach, and *after ascertaining that no hernial protrusion* existed to account for the symptoms, we agreed to leave the patient undisturbed, and to see him again in two hours (at 11 o'clock). After this interval, the medicine had not operated per anum; the vomiting had recurred, and the distressing pain of which he complained was referred more especially to the epigastric region, which, with the abdomen generally, was hard and sensible to the touch; pulse frequent and tense, respiration anxious, face suffused and of mahogany color; feverish heat of skin, thirst, with a preference for hot drinks, with feelings of great prostration of strength and restlessness. Apprehending inflammation of the peritoneal coat of the intestines, and the patient being of middle age, good constitution, and temperate habits, venesection was repeated, and was borne, while sitting up, to the extent of from 24 to 30 ounces, before any decided effect was produced on the pulse. To relax the bowels, calomel and ipecac. in 10 gr. doses, were directed to be taken every two hours during the night. The following morning (Sunday) we found that our patient had had some sleep, had vomited less frequently, and had retained three doses of the medicine. There was less heat of skin, but increased frequency of pulse; the bowels still locked up, tense, and tender to the touch. Eighteen leeches were directed to the epigastric region, to be followed by a warm poultice. Twenty grains of calomel, two drops of croton oil, infusion of senna in small doses frequently repeated, copious enemata of tepid water, and of strong infusion of senna, and tobacco injections, were resorted to during the day and evening, without procuring any fecal discharge. He now expressed a wish for cold in preference to hot drinks, and ice was prescribed, and taken with avidity. At bed-time, an epispastic was

ordered to be applied to the region of the stomach, and a suppository of 10 grs. of good extract of stramonium was introduced into the rectum. Divided doses of Seidlitz powders were directed to be given during the night, and brandy and water, if the skin became cold. At 6, A. M., on Monday morning, we learnt that he had vomited frequently during the night, that no discharge had taken place from the bowels, and we found him sinking with symptoms of gangrene of the bowels, without having had any fecal discharge from the commencement of the attack; the vomiting was not stercoraceous. He died at 8, A. M., the same day.

Autopsy, four hours after death: abdomen incompressibly hard, and not very tumid; a thick layer of adipose substance covered the abdominal muscles, which were rigid and deeply colored. On incising the peritoneum, a bloody serum flowed out, and the small intestines protruded forcibly, presenting a dark-red appearance. On exposing the cavity, the omentum was found contracted; the transverse colon and stomach entirely concealed by the distention of the small intestines, and forced into close contact with the diaphragm, which reached up to the 4th rib. The stomach contained very little fluid, but the jejunum and ileum were enormously distended with a stercoraceous fluid. On tracing and laying them aside, a strangulation in a portion of the ileum was found in the right iliac fossa, appearing as if a knot had been tied in the intestine, and the obstruction was so complete that the fluid contained in the upper portion could not be made to pass into that below. A membranous band, resembling in its texture the mesentery, about $2\frac{1}{2}$ inches in length, extended from the anterior face of the colon just above its valve, and connected itself with the surface of the ileum, opposite to the attachment of the mesentery to that bowel, and beneath this, a duplication of the ileum had passed and become strangulated as in hernia, causing approaching gangrene and the death of the patient.

Imperforate Rectum.—Dr. Hoffman also read the following case, in which he operated with success.

On the 9th inst., was called on by the family physician to visit a male infant of Mrs. P. He informed me that the child was born on the Thursday preceding, and had not had any discharge from the bowels; that the anus existed, and was pervious to about half an inch, and the rectum closed, so as to prevent the passage of a probe or bougie, or any fluid injection. I found the belly swelled, and the child crying, as if in much distress, and vomiting frequently. With the extremity of the finger introduced into the anus, a complete septum could be felt, but no impression was made on the finger by the straining efforts of the child, which made it more doubtful if an incision or puncture could remove the obstacle. A trocar used for paracentesis was guided by the end of the finger and carried upwards and a little backwards for an inch or more, when the resistance ceased, and the stilet was withdrawn, tinged with meconium. The canula was then carried fully up, and meconium discharged through it. The pipe of a glyster syringe was now introduced, and some cold water injected, which was followed by a copious discharge. There was very little blood lost, and no very unpleasant symptoms followed. The child is thriving and in good health.—*N. Y. Med. Jour.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 5, 1840.

MEDICAL DEPARTMENT OF THE U. S. ARMY.,

THE Surgeon General, Thomas Lawson, M.D., in his late report to the Secretary of War, which, with a multitude of other documents relating to the army, &c., accompanies the late message of the President, and was communicated to Congress, is a very concise and plain spoken paper, though wholly destitute of flattering unctio towards the medical institutions of the country. If some of the young graduates are lightly esteemed for their scientific acquirements, those who control the schools from whence their honors were derived, must wince under the severity of this public functionary's critique upon the ready mode of manufacturing doctors in "every town, village, and cross-road place, throughout our States and Territories." The following is an extract from the report.

"The facilities of acquiring medical knowledge, or rather of becoming professional men, are so great, that many persons are seduced into an attempt to become physicians, without the basis of an education. There are others, again, who having received a good primary education, and also passed through a regular classical or collegiate course (and thereby rendered qualified for scientific pursuits), are induced from motives of economy and convenience, or with the view of sustaining institutions of their own State, to enter some of the small medical schools, where they cannot possibly have the advantages of anatomical instruction (the ground work of the profession), or the means of clinical instructions upon an extended scale. A knowledge of the science of medicine is not, like divinity and law, to be acquired by reading books in the closet, and listening to the reading of a course or two of lectures; it can only be attained by seeing and feeling, in connection with the knowledge acquired from books.

"The great multiplication of medical schools in every section of the country, together with the proverbial facilities of becoming licensed practitioners, has so lowered the standard of professional excellence, and so manifestly degraded the medical character of the United States, that the present system will be, it is to be hoped, by a more enlightened public opinion ere long put down. The interest of the country is so much divided by these various institutions, and the patronage to each is consequently so small, that many of our ablest medical men will not accept places in them; were it practicable, however, for the professors to obtain adequate compensation for their services, it would be impossible to find professional men enough of talents and attainments to occupy the several chairs in the innumerable medical schools in every town, village, and cross-road place, throughout our States and Territories."

This will answer for a beginning. The statistical parts of Dr. Lawson's report are particularly valuable; but we cannot find room for extended extracts in the pages of the Journal. He does not believe a word about the terrible destruction of human life in Florida, by the scourge of a pestilential climate, which we have been taught was the case by the public press. These are the Surgeon General's own words:

"From our observations it is found that the troops which have taken

the field from southern stations, have suffered less from sickness, and lost fewer men by disease, since they came into Florida than while they were stationary at their posts. Nor have the corps from the North suffered from disease and death to the extent that is generally believed.

"The reports in this office, from every section of the United States, show this result; and as I am satisfied with the fact, I deem it to be my duty to correct an error of opinion that seems to pervade the country to the manifest injury of the military service."

The following items, relating to the sickness in the army in 1839, will be found interesting.

"The number of cases of indisposition which have been under treatment by the medical officers of the army and private physicians temporarily in the service of the United States, during the last twelve months, was 22,849; 22,248 of which occurred within the past year; 649 being cases that remained of the preceding year. Of the whole number of persons reported sick, 21,940 have been restored to duty, 131 have been discharged the service, 55 have deserted, and 214 have died; leaving, on the 30th of September, 1839, 909 still on the sick report.

"From the monthly returns and other reports it is estimated that the aggregate mean strength of the army for the last year was 8,950; and as the number taken sick during the year was 22,248, and the aggregate of deaths was 214, it will appear that the proportion of cases of disease to the number of men in service was as $2\frac{1}{2}$ to 1, or 249 per cent.; the ratio of deaths to the number of men as 1 to 42, or 2.4-10 per cent.; and the proportion of deaths to the number of cases treated as 1 to 107, or a fraction less than 1 per cent."

It appears that, with characteristic industry, Dr. Lawson is preparing a report on the vital statistics of the army, and the medical topography of the military stations, extending back for twenty years, which will be put to press, should their publication be required by Congress or by the War Department.

Dr. Hamilton's Introductory Lecture.—Those who read this Journal will recollect the notices which have been given, from time to time, of the medico-literary productions of Dr. Hamilton, of Auburn, N. Y., who, the last season, was elected to the chair of surgery in the College of Physicians and Surgeons, at Fairfield.

Within a few days a copy of the introductory discourse delivered by him at the opening of the present lecture term in that institution, has been received. Most of Dr. Hamilton's writings have been characterized by a peculiar terseness and originality of thought, which never failed to delight those who were so fortunate as to get possession of them. This pamphlet, however, is wholly unlike the doctor—we do not recognize a single expression characteristic of the man. That energy and vivacity which were the charm of his former productions, are here altogether wanting. And yet, as an historical essay, it is quite unexceptionable. It is a complete catalogue of American Surgeons, from Dr. Walter Russel, who in 1606 accompanied Capt. John Smith up the Potomac, down to names of no immortality in the annals of surgery, of the present day. Perhaps an introductory of this kind was the most appropriate and useful to a class of medical students, from the department of surgery; but we confess ourselves somewhat disappointed in not discovering, page after page, as expected, bold figures, brilliant conceptions and striking illustrations.

In these remarks we are certainly not influenced by a jealous disposition, or a single feeling of unkindness, for we unhesitatingly declare ourselves one of the warmest of Dr. Hamilton's admirers. All is, had he launched out into open sea in his accustomed manner, without the embarrassing recollection that a corporation was on board, we verily believe Dr. H. would again have shown himself equal to any undertaking within the boundaries of that science of which he is a distinguished ornament.

Health Office of New York.—A. Sidney Doane, M.D., formerly of Boston, has been appointed by Gov. Seward, Health Officer of the city of New York, which is probably the most lucrative medical appointment in the United States. Dr. Doane is eminently well qualified for the station—and with regard to varied high professional attainments, he is not surpassed by any man of his age in this country. Profitable as the office is acknowledged to be to the incumbent, we look upon it as a sacrifice on the part of Dr. Doane, who could not have failed to have realized, ultimately, in the city of New York, where he was fully appreciated, a circle of practice, the value of which would have been altogether greater than the income of the department in which his services are secured for the next three years.

Medical Institution of Yale College.—The annual examination of candidates for medical degrees and licenses was held in New Haven, at the close of the course of Lectures in the Medical Institution of Yale College. Of the Board of Examiners there were present, on the part of the Connecticut Medical Society, Silas Fuller, M.D., President of the Connecticut Medical Society, and ex officio President of the Board; Thomas Miner, M.D.; Luther Ticknor, M.D.; Dyar T. Brainard, M.D., and Earl Swift, M.D.;—and on the part of the College, the Professors in the Medical Institution. Dr. Brainard, a member of the Board, delivered an able and interesting address to the candidates, on Tuesday, the 21st ult., in presence of a crowded audience of ladies and gentlemen, comprising many distinguished citizens. The examination was continued during the three following days; when fifteen young gentlemen, who had attended at least two courses of lectures, and on examination were found worthy of the Degree of Doctor in Medicine, were admitted to this degree by the President of Yale College; and three who had attended one course of lectures, and on examination were found qualified for licenses to practise physic and surgery, received diplomas from the President of the Medical Society.

GRADUATES.—Francis Augustus Brewster, Hampton, Ct., *On the Theory of Disease*. Wm. Conant Catlin, Bethlem, Ct., *On Variola*. Wm. Brintnall De Forest, New Haven, Ct., *On the Morbific Influence of the Depressing Passions*. Francis Lemuel Dickinson, Colchester, Ct., *On Digitalis Purpurea*. Myron Reed Hubbard, Salisbury, Ct., *On Infantile Remittent Fever*. James Howard Hutchins, Pomfret, Ct., *On Traumatic Hemorrhage*. Pliny Adams Jewett, New Haven, Ct., *On Contraction of the Chest, consequent to internal disease*. James Edward Fisher Macdonough, New Haven, Ct., *On Diervilla Tournesfortii*. Edmund Randolph Peaselee, Hanover, N. H., *On Uniformity of Temperature as a Remedy and Prophylactic*. Felipe Franco De Sa, Brazil, S. America, *On Intermittent Fever*. Azariah Smith, Jr., Manlius, N. Y., *On the physical signs of Diseases of the Chest*. Samuel Gilbert Smith, Mt. Washington, Mass., *On Scrofula*. Louis Watson, East Windsor, Ct., *On the*

Efficacy of Strong Impressions. Daniel Webb, Buffalo, N. Y., *On Delirium Tremens.* Francke Williams, Hartford, Ct., *On Uterine Hemorrhage.*

LICENTIATES.—Moses Botsford Beers, Newtown, Ct., *On Digestion.* John Craig, Rochester, N. Y., *On the Cyanuret of Potassium.* Cornelius Hanford Schaps, Brooklyn, N. Y., *On Arthrodynia.*

Dental Science.—A dentist, of considerable eminence, in speaking of the American Journal of Dental Science, the other day, said that "there was too much pap in it." The inference probably was, that the editors were dealing too much in the elementary matters of the profession. Those who understand the mysteries of the dental art, know more about the value of this observation than ourselves. We have always considered it exceedingly creditable to the enterprise of the editors, Dr. Harris, of Baltimore, and Mr. Paruly, of New York, that they should succeed so well in a matter so novel in this country as the maintenance of a journal wholly devoted to the service of dental operators. If it is not precisely what each one would have it, the most certain method of improvement would be for each member of the craft to contribute liberally to its pages.

Medical Miscellany.—The whole number of deaths by smallpox in this city up to Saturday last, the 1st inst., was 99.—Dr. Lewis amputated the leg of the boy, at Charlestown, Mass., whose case was detailed in this Journal some months since; and on examination of the part after the operation, came to the conclusion that the disease was a malignant fungoid tumor.—Dr. Birch, a superintending medical officer of the East India Company's service, in a topographical report on the Neilgherries, a distant mountain race of people, in speaking of the chicken pox, to which they are subject, says that "only one symptom appeared, which is not noticed in medical works, viz., pustules on the tongue, protruding like enormous red papillæ, through a thick white coat of fur on the surface."—In the course of one year after Mr. Brett, the surgeon, arrived in Calcutta, he established a hospital in which several thousand operations were performed—and some of them were never surpassed in importance in any part of the world. So much for individual enterprise.—Dr. Stribling, of Staunton, Virginia, late Superintendent of the Lunatic Asylum in that place, was stabbed on the 15th, by an insane man belonging to the institution, and had the main artery, say the papers, completely severed. The vessel was taken up, by a surgeon, immediately, and the doctor is hopefully recovering.—Two vessels have arrived at New Orleans, from Boston, having the smallpox on board. The disease has also appeared in Illinois. It prevails at Chicago, St. Charles, and Napierville.—Scarlet fever is represented as alarmingly rife at Philadelphia.—The mortality in Boston, in 1839, according to the report in our last No. was nearly 1 in 43—last year about the same; in Nantucket, in 1839, 1 in 50; in Concord, N. H., 1 in 67; in Salem, 1 in 80. In Exeter, N. H. (population, in 1830, 2759) deaths the last year 30; 7 only under 10 years, and 8 over 70 years. Dr. Alcott rates the average annual mortality in N. England, as 1 in 41: the average of the above, embracing city and country, is 1 in 60.—On p. 375 of this Journal, for Dr. Daniel D. Wilcox, read David.

Whole number of deaths in Boston for the week ending February 1, 44. Males, 24—females, 20.

Of consumption, 9—smallpox, 12—lung fever, 3—intemperance, 3—canker in the bowels, 1—old age, 2—infantile, 3—child-bed, 1—convulsions, 1—drowned, 1—dropsy on the chest, 1—cancer, 1—liver complaint, 1—brain fever, 1—disease of the heart, 1—sudden, 1—varioid, 1—marasmus, 1—stillborn, 2.

VERMONT MEDICAL COLLEGE.

THE next annual course of Lectures at this Institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Chemistry and Materia Medica, by DAVID PALMER, M.D.
Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.
General and Special Anatomy and Physiology, by ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by GILMAN KIMBALL, M.D.
Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.
Pathological Anatomy, by ROBERT WATTS, JR., M.D.
Demonstrator of Anatomy, SAMUEL W. THAYER, JR., M.D.

Terms for the course, \$50.—Graduation, \$18.—For those who have attended two courses, but do not graduate, \$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Peirce, Esq., Treasurer of the Institution. Board may always be obtained in this village, on reasonable terms.

The new edifice, with large, convenient, and comfortable lecture rooms, will be in readiness for the reception of the class the next term.

By order of the Board of Trustees,
Woodstock, Vt., Jan. 3, 1840. J. S.—sept15 N. WILLIAMS, Secretary.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

A regular system of instruction by means of lectures and examinations in all the branches of the profession will be pursued throughout the year.

ANATOMY.—Recitations heard by Drs. Reynolds and Holmes. A course of lectures on Surgical Anatomy by Dr. Holmes. Demonstrations and Dissections.

SURGERY.—A complete course of eighty lectures, including diseases of the Eye and Ear, by Dr. Reynolds.

CHEMISTRY.—Recitations and instructions by Dr. Storer.

PHYSIOLOGY AND PATHOLOGY.—Lectures and recitations by Dr. Holmes, including a special course on Auscultation and Percussion.

MIDWIFERY.—Lectures and recitations by Dr. Storer, with practical instruction on the application of obstetrical instruments upon the machine or model.

THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, Nov. 30, 1839.

epimeopsm

MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - - -	DR. PERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	} - - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by		
Materia Medica and Chemistry, by	- - - - -	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, or to either of the subscribers. M. S. PERRY, C. H. STEDMAN, H. G. WILEY,

Jan. 29—epimeopstf H. I. BOWDITCH, J. V. C. SMITH.

THE AMERICAN MEDICAL ALMANAC FOR 1840,

Is now published, and may be obtained at the Journal office. This volume is much larger than the first, and its contents will be found in every respect more complete and useful. Price—in pocket-book form, \$1; in cloth binding, 75 cents. Copies are done up in paper covers to be sent by mail, the price of which is 62 1-2 cents. The postage, for less than 100 miles, will be only 6 cents—over 100 miles, 10 cents.
Dec. 11.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

...

.